



# *CBC CADET SOCCER*

## 2017 SUMMER SOCCER CAMPS @ CADET PARK

- Freshman: June 19-23 8-10 am (\$60)**
  - Soph - Senior: June 19-23 10:30 am 12:30 pm (\$60)**
  - Conditioning & Speed Camp: June 26-29 10am - 12 pm (\$60)**
- Check the boxes for the camps you will attend. To attend two the cost is \$120

### FRESHMAN CAMP

Technical development of individual skill, tactical progressions of 1v1, 2v1, 2v2, 3v3, 3v2 and technical-tactical drills of game-related situations will be offered to help player development. All work is geared toward the High School level of play and will reflect the style of play employed by CBC's soccer program.

### SOPH., JR., SR., CAMP

Accelerated level of play with the speed of thought and action increased to a varsity level of play. The session will resemble a typical week of varsity preparation. The standard of play will reflect that which is expected at the varsity level.

### Coordination & Speed Training

The emphasis will be placed on proper running technique, body control, balance, and acceleration. All activities will be soccer-specific and aimed at improving the player's ability to become a more effective player. Coordinated movements to increase balance and explosive speed will be emphasized.

**PLAYERS AT ALL GRADE LEVELS ARE ENCOURAGED TO PARTICIPATE IN THIS CAMP.**

For more information,  
email Coach Michler at  
[michlert@cbchs.org](mailto:michlert@cbchs.org)

**Mail to: Attn: Terry Michler**  
**2875 Wellington Dr., Florissant, MO 63033**

Student name: \_\_\_\_\_

Phone #1: \_\_\_\_\_ Phone #2: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Shirt Size (Circle One): S M L XL XXL

Insurance Carrier: \_\_\_\_\_

Policy #: \_\_\_\_\_

Because of rising insurance costs and our efforts to keep our fee reasonable, all campers must cover themselves for any injury or sickness incurred while attending CBC Soccer Camp. I hereby authorize and direct the camp staff to exercise and act in their best judgment in the event any medical emergency regarding my child may arise. I confirm that my son is covered by medical insurance. I hereby give my permission for emergency medical treatment in the event I cannot be reached. This also assures the CBC Soccer Staff that my son is in good physical condition and health and that he may participate in all camp activities.

Parent/Guardian Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_