



2022 SOCCER CAMPS

Fr. So. Jr. Sr.: June 28th - July 1st 10:00 am - 12:00 pm (\$65)

Conditioning & Speed Camp: July 5th - 8th 10 am - 12 pm (\$60)

Check the boxes for the camps you will attend. To attend two the cost is \$120

Both Camps @ CBC Stadium or Cadet Park

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.**

**Make Checks Payable To: Terry Michler
DO NOT MAKE CHECKS OUT TO CBC**

For more information, email Coach Michler at michlert@cbchs.org

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

Student name: _____

Phone #1: _____ Phone #2: _____

Address: _____

Email: _____

Class of (Circle One): 2025 2024 2023 2022

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: _____

CBC follows St. Louis County Health Department guidelines that may be in place at the time camps are conducted. Be prepared to adapt to restrictions such as face covers and social distancing during camps.