



**Youth Soccer Camp
July 24-26, 2023
CCHS Stadium**

2 sessions available

Session A will focus on basic skills, games and fun in a shorter session.

Session B will focus on intermediate to advanced skills in a longer session.

Session A

Grades 1-4

< ----(Grade 4 your choice)---->

9-10:30 A.M.

(Check-in opens at 8:30 am)

Size 3 or 4 ball

\$30

(\$25 if registered by 7/8)

Session B

Grades 4-8

9-11:30 A.M.

Size 4 or 5 ball

\$45

(\$40 if registered by 7/8)

Campers will work on age appropriate skills, activities and games with players and coaches of the CCHS boys and girls soccer programs.

We ask that campers please bring a ball, shin guards, water bottle and the excitement of learning and playing soccer for 3 days!

Online registration:----> <https://tinyurl.com/CCHSsoccercamp2023>

(early discount deadline-7/2)

Paper/mail-in registration: (on page 2)

Mail cash or check to:

**Central Catholic Youth Soccer Camp
4617 Yale Ave NW Canton, OH 44709**

OR:

Bring cash or check:

On Mon., July 24, 2022

***Please make checks payable to ***

Central Catholic High School

Contact one of the camp directors with any questions:

Pat Downing ('87) Boys Head Coach

OR Tony Volpe ('73) Girls Head Coach

pdowning@youngstowndiocese.org

mooa8@aol.com

330-412-4339

330-284-5765

Paper/mail in registration: Please complete the following and mail to:

**Central Catholic Youth Soccer Camp
4617 Yale Ave NW
Canton, OH 44709**

If you are bringing the form and payment to the first day of camp, please send an email to one of the camp directors with the camper's name and T-shirt size so we can prepare for the camper's arrival.

pdowning@younstowndiocese.org or mooa8@aol.com

**Cost: Session A: \$30 per child (\$25 if registered by July 8)
 Session B: \$45 per child (\$40 if registered by July 8)**

Name: _____ **M** _____ **or F** _____

School: _____

Session A: Grade: 1 2 3 4 _____ **Age:** _____

Session B: Grade: 4 5 6 7 8 _____ **Age:** _____

T-shirt Size: YS YM YL AS AM AL AXL _____

Parent Name(s): _____ **Phone:** _____

Email for camp information: _____

Additional Emergency Contact Name: _____ **Phone:** _____

Notable Conditions or Allergies: _____

Please read and check the boxes

- I understand that Canton Central Catholic, CCHS Athletic Dept, and CCHS Adult Booster Club do NOT carry insurance for participation in such events. The parties listed are not responsible for the reimbursement of medical expenses that are a result of such events.
- I give permission to allow my child's picture to be used for CCHS media outlets in regards to this camp

Parent Signature: _____