

# Summit Grove/ Fundamentals First Summer Soccer Camp 2018

July 30 – August 3  
New Freedom  
Park Field  
Grades K - 8

## Summit Grove/Fundamentals First Soccer Camp

### The Complete Soccer Camp

Fundamentals First Camp offers the best technical training in a competitive yet fun environment. Under the guidance of outstanding coaches, camp participants are led through a complete soccer program including stretching, technical training, rules of the game, and games approach sessions. Players are grouped according to age and ability level during the first camp session and are challenged to improve their level of play.

### Who Should Attend

The camp is designed for both male and female soccer players of all ability levels, **grades K - 8**. Players should arrive at camp each day dressed to play soccer.

### Camp Soccer Ball and Shirt

All campers will receive a camp T-shirt.

### Time

The camp will be conducted July 30 – August 3, 2018 from 9am – 3pm.

**Registration** - Complete the registration form and return it with your payment.

### Fee

The fee is \$195 for the first family member; each additional family member is \$175.

Cash – payable at Summit Grove Camp

Checks – payable to Summit Grove Camp

Credit Card – available with an additional 3% fee

**Mail to: Summit Grove Camp  
140 N. Front St., New Freedom, PA 17349**

Questions can be emailed to:  
[richchilcoat3315@gmail.com](mailto:richchilcoat3315@gmail.com)

### Staff includes:

#### Director – Rich Chilcoat

Former Head Coach PSU-York Men's Soccer  
PSUAC Coach of the Year – 2008, 2009, 2011  
USCAA Premier License  
Founder FC York Academy  
Founder/Director Mason Dixon Soccer Academy  
Director of Coaching - PSA

#### Ben Otterson

Former Assistant Coach PSU-York  
Former FC York Academy Coach

#### Ashley Chilcoat

Assistant Coach Elizabethtown College  
4 year starter D1 LaSalle University  
Captain Lancaster Inferno

Fundamentals First Camp encourages qualified persons with disabilities to participate in its programs and activities. If you anticipate needing any type of accommodation or have questions about the physical access provided, please contact Coach Chilcoat at [richchilcoat3315@gmail.com](mailto:richchilcoat3315@gmail.com) in advance of your participation or visit.

This publication is available in alternative media upon request.

We enjoy posting photos and videos of campers on social media. If you do not wish to have your child included in these postings, please indicate it here:

\_\_\_\_\_ please do not include my child.



**Summit Grove/Fundamentals First Summer Soccer Camp**

(Complete one form for each attendee)

Campers Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Age \_\_\_\_\_

T-Shirt Size \_\_\_\_\_

Parent/Guardian -

I am the parent/guardian of the above mentioned camper and attest that the camper is my legal dependent

Parent/Guardian Email

By checking this box I agree to allow camp staff to use this email address to communicate with me about this program and using images and/or videos of my child in relation to this camp.

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Please indicate method of payment**

- Check
- Cash
- Credit Card

Name on card: \_\_\_\_\_

Credit Card No. \_\_\_\_\_

Exp. Date \_\_\_\_\_

Security Code \_\_\_\_\_

**Emergency Contact Information**

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

**Drop Off and Pick-Up Information** (Please list all individuals authorized to pick-up minor from the program. Minors will not be released to anyone not designated by parent/guardian.)

\_\_\_\_\_  
Name Phone #

\_\_\_\_\_  
Name Phone #

**The Christopher C. Miller Sportsmanship Award**

The Christopher C. Miller Sportsmanship Award was established to honor a true sportsman of the game of soccer who played the game with passion. In the 375 to 450 games Christopher played, he never received a red or yellow card. An award will be given at the conclusion of camp in memory of Christopher C. Miller (1985-2001)

**2016 Summer Winner – Bennett Sterner**



**Medical Information** Please describe any medical condition ( allergies, disabilities, etc.)

None  
\_\_\_\_\_

Please list any medications taken regularly and/or that your child will be bringing with them.

None  
\_\_\_\_\_

Please describe any special issues that the program directors should be aware of (diet restrictions, behavioral challenges etc..)

None  
\_\_\_\_\_

In the event that I am unavailable for purposes of providing parental/guardian consent, I hereby authorize emergency medical treatment as deemed necessary for my child. I understand that the consent and authorization herein granted does not include major surgical procedures and is valid only during the course of the program.

Family Physician \_\_\_\_\_

Phone# \_\_\_\_\_

Medical Ins Company: \_\_\_\_\_

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

Parent/Guardian signature: \_\_\_\_\_

Date \_\_\_\_\_

I/we give my/our permission for you to release, to the appropriate medical care provider(s), any records necessary for treatment, referral, billing, or insurance purposes. (Please circle one) Yes No