



## Register Today

# YMCA WORLD CUP SPRING BREAK CAMP

## Soccer



The Greatest Game on Earth

**Dates:** Monday April 6<sup>th</sup> – Friday April 10<sup>th</sup>

**Camp Times: (early drop-off available)**

Full day: 9am - 4pm, 6 to 14, boys & girls

Pre-Care: 7:30 am to 9:00 am

Post Care: 4:00 pm to 6:00 pm

**Camp Fee:**

Member: \$140, Program Members \$180

Discount: \$15 off for each additional family child

Free T-shirt included

**What to Bring:**

Shorts, T-shirt, Warm-up suit, Water Bottle, Lunch, Soccer shoes, tennis shoes, Shin-Guards Soccer Ball (w/Name & Phone #), Extra Set of Clothes, Towel

**Sign-in/Sign-out:**

All campers must be signed in & out of camp programs by a person designated on the registration form. A picture ID is required. No child will be released to anyone who is not on the authorized list on the camp registration form.

**Register:**

In Person: McCleskey EC Cobb YMCA

By Phone: 770-977-5991

Online: [www.mcy.ymcaatlanta.org](http://www.mcy.ymcaatlanta.org)



**Daily Camp Training Activities:**

Speed/Agility • Tactical & Technical • Team Building • Fun Games • Scrimmages



**Monday – Dribbling**

Change of direction moves  
1 v 1, 2 v 1, 3 v 2 moves  
Speed dribbling  
Fake moves

**Tuesday – Passing**

Inside foot passes  
Outside foot passes  
Long driven passes  
Chipping and bending the ball

**Wednesday – Turning & Receiving**

Receiving ball away from pressure  
Receiving with various part of body  
Inside & outside turning  
Juggling with the ball

**Thursday – Shooting and Finishing**

Shooting with inside/outside of foot  
Heading, throw-ins  
Volleys and keeping the ball down  
Shooting with laces

**Friday – Skills Challenge & World Cup Tournament**

**Camp Directors:**

Coach Campbell, [ccampbell@cjctech.com](mailto:ccampbell@cjctech.com)

Coach Moatasm, [moatasm.ramli@gmail.com](mailto:moatasm.ramli@gmail.com)

**Payment Information:** All payments must be mailed or brought in to the McCleskey-East Cobb Family YMCA, 1055 East Piedmont Rd, Marietta, GA 30062. 770-977-5991. Checks made out to YMCA. **Please include your current phone number**

**Payment Method (Circle one):** Cash, Check, Credit Card - MasterCard, VISA, Discover, AMEX

Check #: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_

**CREDIT CARD REQUIRED INFORMATION:**

Amount: Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Security number: \_\_\_\_\_ Total Amount: \$ \_\_\_\_\_ Signature: \_\_\_\_\_

**Don't miss out on 5 days of exciting soccer development!**



**METROPOLITAN ATLANTA YMCA SPRING BREAK SOCCER CAMP  
APPLICATION & WAIVER**

**Camper's Name: (Last,first)** \_\_\_\_\_ **Soccer Team** \_\_\_\_\_

**Parent/Guardian's Name** \_\_\_\_\_

**Address (street,city,state,zip)** \_\_\_\_\_

**Phone (H)** \_\_\_\_\_ **(W)** \_\_\_\_\_ **(C)** \_\_\_\_\_

**Preferred Email** \_\_\_\_\_ **Secondary Email** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Camper's T-shirt Size (circle) Youth: S M L Adult: S M L**

**Physician's Name** \_\_\_\_\_ **Phone** \_\_\_\_\_

**Medication (if applicable)** \_\_\_\_\_ **Amount of Dosage** \_\_\_\_\_

**Circle days to be given: Mon. Tues. Wed. Thurs. Fri. As needed**

**Time of day to be given:** \_\_\_\_\_ **and/or** \_\_\_\_\_ **Amount of Dosage:** \_\_\_\_\_

**Allergies? If so, please list:** \_\_\_\_\_

**I authorize the YMCA Camp Director or designated camp staff to administer the above medication to my child.**

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

<b>Authorized Pick-up (names listed below are the only ones that are approved to pick up your child(ren))</b>	<b>Emergency Contacts: (Other than parent/guardian)</b>
<p><i>(Photo ID required for camper pick-up!)</i></p> <p><b>Name:</b> _____</p> <p><b>Name:</b> _____</p> <p><b>Name:</b> _____</p>	<p><b>Name:</b> _____</p> <p><b>Phone:</b> _____</p> <p><b>Name:</b> _____</p> <p><b>Phone:</b> _____</p>

**PARENT/GUARDIAN GENERAL AUTHORIZATION**

I hereby authorize the Metropolitan YMCA of Atlanta, or its authorized designee in charge of the activity described above to secure any emergency medical treatment necessary to treat any bodily injury, condition or affliction of myself, or my child/ward including but not limited to first aid, CPR, admission to any hospital, tests, surgery and general anesthesia, so long as such care is provided by persons or facilities licensed by the state in which such treatment is rendered. I understand that reasonable attempts will be made to contact me prior to securing such treatment for my child/ward; nevertheless, this authorization shall give the YMCA of Cobb County, Inc., or its authorized designee permission to secure such treatment should such attempts at contact fail. I further acknowledge that any such medical treatment ordered shall be my financial responsibility and not that of the YMCA of Cobb County, Inc., or any of its agents, volunteers or employees. I give permission for my child/ward to participate on supervised field trips away from the YMCA or camp site and that any photos or videos taken of my child/ward will be used for YMCA promotional purposes only.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_