

Kos Donev, Head Men's Soccer Coach at Florida Atlantic University and Director of the Boys Soccer Camp encourages and invites you to join us. This camp is designed to teach a sound foundation for beginning players, as well as to refine and implement the skills of the competitive/travel team player more directly into the game. Much of the activity will take place through fun and competitive learning games. Camp staff will consist of the FAU coaching staff, current FAU team players and other area coaches.

**Coach Kos Donev's
Goal to Goal Boys Soccer Camp
@ Florida Atlantic University**

Schedule for Full Day Camp (6-13 years Old)

9:00 am Registration and Check In (Mondays at 8:30 am)
 9-10:15 am Techniques of Shooting, Passing and Receiving
 10:30-11:30 am Small Sided Games/Skills Competition
 11:45-1 pm Lunch and Pool/Rest
 1:15-2:55 pm Larger Games / Competition
 3 pm Dismissal, and Pick Up (Following 3:30, pick up charge is assumed)
 (5 pm pick-up available upon request. \$10/day. Please note our pick up policy upon check in.)

Schedule for Half Day Camp (5-6 Years Old)

9:00 am Registration and Check In (Mondays at 8:30 am)
 9-9:45 am Techniques of Shooting, Passing and Receiving
 9:50-10:15 am Fun Skill Games
 10:15-10:30 am Snack
 10:35-11:15 am Small Sided Games / Competition
 11:20-11:55 am Larger Sided Games
 12 Noon Dismissal, Pick Up

What to Bring?

- *Water bottle / Jug
- *Cleats
- *Shin guards are mandatory
- *Half Day Campers: Snack
- *Sun Block
- *Sneakers / Sandals for lunch/cafeteria
- *Full Day: Swim Suit, towel extra socks

Winter Sessions:

Session I: December 26 – 30
 Session II: January 02 – 06

Directions: The camp is at Florida Atlantic University's Boca Raton Campus. From Interstate 95 take Exit 45, Glades Rd. Go east about ¼ mile to FAU's first and main entrance on the left. Turn left there, the camp fields will then be on the left.

Retain this portion of flyer for your records. Cancelled Check will be your confirmation. No other information will be sent out.

Registration Form (One camper per form)

Name: _____
 Address: _____
 City: _____ St: _____ Zip: _____
 Parent/Guardian: _____
 Phone: _____ Cell: _____
 Age: _____ DOB: _____ Email: _____
 Emergency Contact: _____ Phone: _____

Indicate Session(s) Attending:

Winter Sessions:

Session I: December 26 – 30 ()
Session II: January 02 – 06 ()

Costs: (Half Day or Full Day Ages 5-6) YOU CHOOSE

() \$95 Per Week (Half Day)
 () \$195 Per Week (Full Day)
 () \$10/day 5 pm pick up: M___, T___, W___, Th___, F___
 Indicate Total Cost Here: _____

Costs: (Full Day, Ages 6-13)

() \$195 Per Session
 () \$10/day 5 pm pick up: M___, T___, W___, Th___, F___
 Indicate Total Cost Here: _____

Make Checks payable to: Prime Soccer Enterprise
 (Include sessions attending on the check)

Send Registration, Medical Release and Payment to:
 FAU Men's Soccer Office, Boys Soccer Camp
 777 Glades Rd., Boca Raton, FL 33431.

For Office Use Only:-----

Check amount: _____ Check #: _____
 Cash amount: _____ Date Received: _____

Medical Release Form

Camper: _____
Date of Last DPT/DT or Tetanus Booster: _____

Insurance Company Information

Name: _____
Policy#: _____

I approve of my child being at Goal to Goal Soccer Camps @ Florida Atlantic University, and I certify that he is in good health and able to participate in the program activities. I authorize the staff of Goal to Goal Soccer Camps to act for me according to their judgment in an Emergency requiring medical attention, including treatment by physicians.

By signing below, I hereby assume any and all risks, which are incumbent with any excursion of program, and extra-curricular activities in which my child might participate; with realization these activities may subject him to personal bodily injury or property damage risk. I am aware that certain dangers may occur including, but not limited to physical contact with other individual and/or athletic equipment and facilities which may result in cuts, abrasions, sprains, bruises, concussions and fractures. Being fully aware of these dangers, I nevertheless, voluntarily choose to allow my child to participate in soccer camp and I assume all risks arising therefore.

I so hereby release, acquit, and forever discharge the State of Florida, the Florida Board of Regents, Florida Atlantic University, and all employees and/or agents of Florida Atlantic University who plan direct, or otherwise participate in the aforementioned program, and from all actions, account of any and all injury, directly or indirectly sustained by my child as a consequence on his participation in the above mentioned athletics sports camp.

I will be responsible for any other charges in connection with attendance at camp. I have read and understand the foregoing assumptions of risk and release document, and I do freely accept its terms.

Parent / Guardian Signature:

Date:

Kos Donev's 11th Annual Goal to Goal Boys Soccer Camp @ Florida Atlantic University

Winter Camps:

December 26 – 30 and January 02 – 06



**FREE Ball and T-Shirt
\$20 Early Registration Discount
By November 26th**

Half-Day: 9-12(bring a snack), ages 5-6

Full Day: 9-3pm, ages 5-6

Full Day: 9-3 pm (includes lunch), ages 6-13

Tel: 561 297-3711, Fax: 561-297-0142, E mail: donev@fau.edu

www.fausports.com and click on "camps",
or go to www.goaltogoalsoccercamps.com

For Girls info contact Brian Dooley at 297-3743 or bdooley@fau.edu