

# ★ Shen Girls Summer Soccer School ★



The Shen Girls Summer Soccer School will be offered for girls' ages 11-13 years old. The camp will provide the opportunity to work on and master fundamental skill, experience plenty of game competition, make new friends, and have FUN! We have an extremely talented staff that is excited to work with you!

## **Camp Information:**

**When:** July 13<sup>th</sup>-July 17<sup>th</sup> from 8:30 am- 12:00pm

**Cost:** \$125 per camper

**What to bring:** Each future Shen Girl will need to bring a soccer ball, cleats, shin guards, and water bottle. Each camper will receive a complimentary camp T-shirt.

## **Program Content:**

- ★ overall skill and technique development
- ★ one – on –one instruction
- ★ small sided games
- ★ full field coached games
- ★ 10-1 Camper to Coach ratio

## **Camp Director:**

Coach Holli Mulholland enters her 5th year as the Varsity Girls Soccer Coach. During her tenure at Shenendehowa Central Schools she holds an impressive 87-14-4 record. In her first year taking over the program Mulholland led her 2004 team to a New York State Championship.

## **Contact Info:**

Holli Mulholland  
Acadia Middle School  
881.0450 x54554  
mulhholl@shenet.org

Please make checks payable to “Shenendehowa Central School”& return along with a completed registration & health form(one per child) to:

Shenendehowa Community Education Dept.  
High School West  
970 Route 146  
Clifton Park, NY 12065

# REGISTRATION FORM

Name \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Day Phone #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Grade entering in September 2009? \_\_\_\_\_  
Position: \_\_\_Forward \_\_\_ Midfield \_\_\_ Back \_\_\_ Keeper  
Parent/Guardian Name(s) \_\_\_\_\_

## Half Day Camp

Fee: \$125

July 13<sup>th</sup> – July 17<sup>th</sup>, 2009

8:30am-12:00pm

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## **SHEN SUMMER ADVENTURES HEALTH FORM**

Please complete the following form and submit with your registration for any of our Shen Summer Adventures Camps. We require only one medical form per child.

Name \_\_\_\_\_ Grade Entering \_\_\_\_\_

What school did your child attend last year? \_\_\_\_\_

Address \_\_\_\_\_

Birthdate \_\_\_\_\_

Camp Name(s) & Week Attending \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Does the student require an aide during the school year? Yes \_\_\_ No \_\_\_

\*Daily Medications \_\_\_\_\_

*\*If medication is to be given during Shen Summer Adventures, we must have written permission from the parent and the physician.*

***The medication must be in the original prescription container.***

Please indicate any other health concerns \_\_\_\_\_

\_\_\_\_ Student's Physician \_\_\_\_\_ Phone \_\_\_\_\_

If the student will be picked up by someone other than the above mentioned parent/guardian please submit the name of that person below.

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

Comments: