

Trojan Soccer Camp

Dates: July 6th-July 10th

Times: 6:00pm – 8:30pm

Place: Andover District Stadium

Dress: Players need shorts, shirt, shin guards and appropriate shoes. Players should come dressed to play.

Registration: Players are asked to pre-enroll by returning the attached information sheet and \$40.00 by the June 19th.

Special Note: AHS shall not be involved other than to approve the dates, the use of facilities, and to be assured by the coach that there will be no violation of KSHSAA rules and/or regulations.

Purpose: The AHS Soccer Staff is providing this camp to provide quality technical instruction that will enhance each players' performance for seasons to come.

Camp Rules: Be on Time.
Be prepared to work hard .



Coaching Staff

Coach Tracey B. Repp

- Played collegiate soccer at Sterling College
- Received multiple all league/district honors
- Holds a USSF “D” License
- Has coached the AHS Boys and Girls Soccer teams for the last six years

Coach Keith Goodman

- Has been the assistant coach for AHS for the last 6 years
- Played collegiate level soccer in England for 10 years

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Information Sheet

Camper's Name: _____

Address: _____

Parent or Guardian: _____

Home Phone: _____

Shirt Size: Adult: S M L XL
(Circle One)

Authorization for participation and liability release

I hereby grant permission for my son or daughter, _____, to participate in the Trojan Soccer Camp. My son or daughter has not suffered any injuries or illnesses in the past that would make participation in this camp a risk. I further authorize the staff of this camp to act for me in case of any medical emergency because of injury or illness to my son. I acknowledge that I am aware that participation in this camp will require physical activities of a nature that could result in injury to a participating player notwithstanding the absence of fault on the part of the camp or its staff. The camp staff has explained the particular activities to my satisfaction and I am hereby authorizing my son or daughter to participate in these activities.

Signature of Parent/Guardian

Date

Make checks payable to **AHS Boys Soccer**. For additional information contact Coach Repp at school: 218-4710 or home: 258-5537.

Mail or return this portion of the brochure and the payment to:

Coach Repp
156 S. Lochinvar
Wichita, KS 67207