

# Fuller Hamlets 5th Annual High School Pre-Season Warm-up Aug 16-20 5 pm to 8 pm

The H.S. Pre-Season Camp is designed to prepare players for their upcoming High School seasons. Each session will be high tempo and focus on, fitness with the ball, team play, and tactical awareness. This week is designed to building and preparing your team for the upcoming season.

- Team Play
- Team Tactics
- Pattern Play
- Systems of Play
- Set Plays
- Team Organization
- Defending and Attacking as a unit
- Training Mental Toughness
- Team Problem solving on the field
- Team skill building
- Off-Ball Mobility

**Please note** that the high school camp session will be held during the week of **August 15<sup>th</sup>** so that there is no conflict with school-sponsored preseason training sessions

**\$150, 5 days, limited to 24 students who are entering or are in high school**

## Coaching Staff

### Steve Vince

English FA License

Fuller Hamlets SC Head Coach, 2011-present

**Fuller Hamlets High School Camp  
Application 2011**

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

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

City/Town \_\_\_\_\_

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

Phone (H) \_\_\_\_\_

Phone (W) \_\_\_\_\_

Age \_\_\_\_\_ Birth-date \_\_\_\_\_

Ht \_\_\_\_\_ Wt \_\_\_\_\_

Sex (circle) M F Position \_\_\_\_\_

Years Experience \_\_\_\_\_

HS year (circle) FR SO JR SR

**Camp shirt size:** (Order next size up to allow for shrinkage)  
Adult Sm. 34-36 Adult Med. 38-40 Adult Lg. 42-44 Adult XL 46-48

Are you registered with the Fuller Hamlets organization? YES NO

**MEDICAL RECORDS**

Massachusetts General Law requires campers to have current records of physical examination and immunizations on file. Parents/guardians of each camper shall, prior to attending camp, furnish the following documents prepared and signed by a licensed health care provider to Hamlets Soccer Camp.

1. A health history, to include allergies, required medications and any health condition, which may effect the child's activities while attending camp.
2. A report of a physical examination conducted within the preceding 24 months.
3. An immunization record, to include Measles, Mumps and Rubella (MMR) vaccination; polio vaccination; Diphtheria, and Tetanus Toxoids and Pertussis (Dta//DTP/DT/Td) vaccination and Hepatitis B vaccine for all children born on or before January 1, 1992.

**MEDICAL RELEASE**

In consideration of the applicant's attendance at the Summer Soccer Camp, I/we the parents/guardians of the applicant hereby give my/our approval of his/her attendance and participation in any and all activities during the Summer Soccer Camp. The applicant is in good health and able to participate in the physical activity of a vigorous soccer program. I/we do assume all risks and hazards related to participation including transportation to and from the camp. I/we hereby waive, release, absolve, indemnify and to hold harmless the Hamlets Soccer Camp, Club and all involved with the club, Camp Director and staff, other participants and person(s) transporting my/our son/daughter to the camp, for any claim resulting from athletic, dental, or bodily injury that may occur to my son/daughter while attending the camp. Also it is my/our understanding that the Fuller Hamlets Soccer Club does not carry medical insurance and that my insurance is expected to cover my child's injuries. I authorize the Camp Director to act on my behalf in any emergency requiring medical attention. I/we

understand that the applicant is subject to immediate dismissal if he/she does not comply with the camp rules and regulations, or if the applicant is found to be detrimental to the best interest of the camp.

**Signature of Parent or Guardian:**

\_\_\_\_\_  
Medical Insurance Company:

\_\_\_\_\_  
Policy Number:

\_\_\_\_\_  
In case of emergency notify:

Name \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Phone # (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
Medical Problems:

\_\_\_\_\_  
**(if none, please state none)**

Inquiries: Marc Bowden, (508) 798-5214 or E-mail [hamletssoccercamp@msn.com](mailto:hamletssoccercamp@msn.com)  
Send Applications and \$100 deposit to:  
HAMLETS SOCCER CAMP,  
49 Berwick Street, Worcester, MA 01602  
Please make checks payable to:  
Hamlets Soccer Camps