

# TBCA CO-ED SOCCER CAMP

## FOR RISING 3RD-8TH GRADERS



The soccer camp will focus on the fundamentals of soccer such as dribbling and passing with an emphasis on the development of both right and left foot. Developing body control to block and control the ball will also be taught. Team play and working with others through various games will be an important part of the camp. Our TBCA Soccer coaching staff along with current players and alumni will be directing the camp.

**"SUCCESS IS NO ACCIDENT: IT'S HARD WORK"**

### **CAMP DATES:**

#### **June 10-14, 2024**

Monday, 6:00-9:00 pm

Tuesday, 6:00-9:00 pm

Wednesday, No Camp (Church Night)

Thursday, 6:00-9:00 pm

Friday, 6:00-9:00 pm

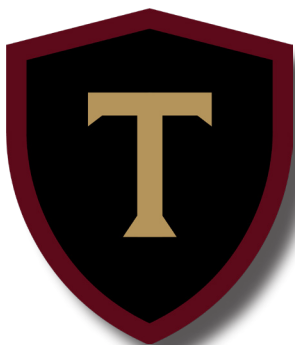
Saturday \*Only if needed in case of inclement weather cancellation (9:00am-12:00pm)

**Camp will be held at TBCA Game Field**  
1356 Whicker Road, Kernersville, NC 27284

**COST:** Early Registration \$65  
**After 05/31 cost will be \$85**

**Price includes:** a camp t-shirt

**\*Checks should be made out to:** Triad Baptist Christian Academy, Memo: Soccer Camp



#### **For more information, contact:**

Athletic Director Jeff Bagent at [jeff.bagent@tbcanow.org](mailto:jeff.bagent@tbcanow.org),  
Athletics Office at 336-996-7573, Ext. 165

#### **Applications can be mailed to:**

1175 S. Main Street, Kernersville, NC 27284

**\*Campers may bring money for Gatorades during camp.**

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## REGISTRATION:

Please cut and return the application form, money and permission sheet to the office at Triad Baptist Christian Academy.

Camper Name: \_\_\_\_\_ Age: \_\_\_\_\_

Has the child ever played on a team? \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Parents Name & Phone: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email: \_\_\_\_\_

T-Shirt Size (Circle One) YS YM YL AS AM AL XL

## WAIVER AND RELEASE OF LIABILITY:

As parent(s) or legal guardian(s), we(I), do hereby release, and agree to hold harmless the TBCA Soccer Camp and its host school and the directors thereof from any and all liability, claims, or demands for personal injury, as well as property damage and expenses, of any nature, whatsoever which may be incurred by undersigned and the child participant that occur while said child is participating in the Soccer camp. We also grant our permission for him/her to participate fully in the activities, and hereby authorize medical treatment, including but not limitation to emergency surgery or medical treatment, and assume all responsibility of any medical bills. In the case of an emergency, every effort will be made to contact parent/guardians immediately.



Legal Guardian: \_\_\_\_\_

Date : \_\_\_\_\_

Phone: \_\_\_\_\_