

2014 SOUTHERN CAYUGA SOCCER CLUB SUMMER CAMP

Date: July 7 – 11, 2014

Time: 9:00 - 12:00 pm (K-3); 9:00 - 4:30 pm (4-10)

Location: Southern Cayuga High/Middle School

Ages: Boys and Girls entering K-10

Cost: \$50 Half-day camper \$100 Full-day camper

Camp Director Adam Heck is the Boys Varsity Soccer Coach at Lansing High School. He is entering his 18th season as a varsity coach. During his sixteen years at Lansing, Coach Heck has guided his teams to 17 straight winning seasons, consisting of over 250 victories, nine division titles, four league championships, 6 sectional titles, four regional titles, three state finalist, and 12 top twenty final state rankings. Coach Heck was named New York State Coach of the Year for 2007 and 2012 and 2013. He was also named 2012 NSCAA 2013 NFHA Regional coach of the year and was a finalist for the 2012 and 2013 National coach of the year. In 2006 his Empire State Game's Scholastic Boys Soccer team won the gold medal. The camp will be co-directed by Lansing alum Daniel Cheatham ('05), who captained the '04 Lansing team to the state title game. Cheatham went on to play at the University of Syracuse. He is now on the Lansing staff and has been a part of the Lansing soccer camp staff for over 10 years.

Coach Heck has run numerous soccer camps in the area over the last 15 years. The staff will consist of highly qualified coaches and players ranging from college coaches and players to high school coaches and players. The camp offers young players the chance to improve their overall game. Both offensive and defensive skills and strategies will be taught, as well as a separate keeper training session for those interested in that area. There is no question that this camp will teach the fundamentals of the game. Every day there will be a guest speaker ranging from all levels of soccer (including male and female coaches and players). At the end of the week each camper will receive a camp T-shirt.

Each camper is responsible for bringing cleats, shin-guards, water and lunch

REGISTRATION

Name: _____ T-Shirt Size: YS YM YL AS AM AL AXL

D.O.B. _____ Age: _____ Grade: (fall '14): _____

Address: _____

Parent Name: _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

Person to contact in emergency, (other than parent or guardian):

Name: _____ Phone: _____

Family Physician: _____ Phone: _____

Medical Conditions/Concerns: _____

I hereby give permission for my child to participate in the program designated and in the event of illness or injury, to be treated by emergency personnel or at a local medical facility. I also agree not to hold the Southern Cayuga Soccer Club, the Southern Cayuga School District, Camp Coaches or anyone associated with the program liable for any injury or illness as a result of participation in this program.

Parent Signature: _____ Date: _____

If not part of SCSC League, please list your league affiliation and contact for league (for insurance purposes): _____ Phone: _____

**Please make checks payable to Southern Cayuga Soccer Club and mail by June 30th to:
Jennifer Thurston, 886 St Rt 34, Genoa, NY 13071**

Questions: ejthurston@gmail.com; c: 607.229.7078; h: 315.497.2754