

What to Bring:

Proper Soccer Gear is required- Soccer shorts, tee shirt, shin guards, soccer socks, **indoor soccer shoes or sneakers** and GK gloves for Goalkeepers.



Cost/Payment:

- Single Session:
\$55 Per player
(\$45 per player *Sibling discount)
- ALL Three Sessions:
\$125 Per player
(\$99 per player *Sibling discount)

CASH or CHECK accepted- Make checks payable to CASH
MAIL TO :
Sam Roca
17 Tall Oaks Drive
Wayne, NJ 07470
(EMAIL CONFIRMATION WILL BE SENT ONCE PAYMENT IS RECEIVED)



Dark Stars Elite Soccer:

Our mission is to provide a positive learning experience while enriching players' soccer skills.

COVID

We will continue to abide by all CDC and NJ.gov mandates to insure the safety of our players, their families and our staff. Please stay safe!

Contact Us:

Dark Stars Elite Soccer, LLC
17 Tall Oaks Drive, Wayne NJ 07470
Email: sroca@stjoes.org

Refunds and Cancellations:

- **CANCELLATION POLICY** **If you need to cancel for any reason, you have up to 48 hours prior to camp check-in. If you cancel or no-show after the 48-hour window, then NO refund or credit will be awarded. **
- **Cancellation Due to weather:** You have the choice of attending the alternate date, a 50% cash refund, or you can choose to have the camp day transferred to another Dark Stars Soccer Event.
- **Credits:** In lieu of a cash refund you can choose to have the camp day transferred to another Dark Stars Soccer Event. (1-day 2hr session for 1-day 2hr session. If the day/session hours do not match up then you would be responsible to pay the difference if there is one*)
- **Refund:** If you cancel within the 48 window of camp check in then you will receive a 100% refund. NO refund or credit will be awarded after 48 window.



FALCONS F.C INDOOR WINTER YOUTH SOCCER CLINIC

- **LOCATION:** Saint Joseph High School GYM- 145 Plainfield Ave. Metuchen, NJ 08840 (*Back of School*)
- **DATE 1:** SUN.- 1/12/2025
- **DATE 2:** SUN.- 1/19/2025
- **DATE 3:** SUN.- 1/26/2025
- **TIME:** 9am-11am
- **CAMPERS:** Boys/ Girls -ages 5-14* (*Kindergarten - 8th Grade*)

-Owner/Director: Sam Roca



***Staff: Director – Sam Roca – Saint Joseph High School Varsity Head Coach. Staff will consist of SJHS coaching staff members , as well as current and former players from our Falcons F.C. teams.**

Pre-Professional Player:

- Former Red Bull Academy player
- Former Division 1 Collegiate player at University of South Carolina (named top 100 freshman to watch) and High Point University

Professional Player:

- Sweden: Ytterhogdal IK - (Vice-Captain)
- Canada: Capital City FC - (2nd place in CSL 1st division championship)
- Canada: York Region Shooters, SC- (Vice-Captain)
- USA: Kitsap Pumas SC (named to PDL national team of the week twice, won PDL National Championship)
- Ironbound Soul SC- (Vice-Captain)

Coaching:

- Saint Joseph HS Boys Varsity Soccer Head Coach
- NJ United NPSL - Tech Director/1st Assistant Coach
- F.C.Copa USL 2 - Asst. Tech Director/1st Assistant Coach/ Reserve Team HC
- USSF F, E, D, and C Licenses



Clinic Agenda:

- Check-In: 8:45AM- 9:05AM
- Warm up: 9:05 AM -9:20 AM
- Skills: 9:25 AM-10:00 AM
- Games : 10:00 AM-11:00 AM

Camper Info:

Name: _____

Age: _____

Session/ Sessions attending (Circle all that apply):

1/12 1/19 1/28

Club Team: _____

Address: _____

Phone: _____

Email: _____

Emergency Contact (Name & Cell#): _____

Allergies: _____

Photo Release: I agree that photos taken of my child at Dark Stars Elite Soccer, LLC Camp may be displayed on future websites, brochures, & flyers. Yes_ No_ (Parent/Guardian Initials _____)

Liability/Medical Waiver: I hereby authorize the coaches/staff of Dark Stars Elite Soccer, LLC to seek medical emergency care for my child. I hereby assume all risks and hazards incidental to participating in the

Dark Stars Elite Soccer, LLC Camp, and I do waive, release and absolve the Dark Stars Elite Soccer, LLC director, staff and participants for any claim arising out of injury to my child. I represent that I am the parent/guardian of the above named minor and I agree that the grant and release contained therein binds the minor and me to all its terms. I agree to assume complete financial responsibility for any personal injury to my child while attending Dark Stars Elite Soccer, LLC Camp. *COVID*I acknowledge the contagious nature of the

Coronavirus/COVID-19 and that the CDC and many other public health authorities still recommend practicing social distancing. I further acknowledge that Dark Stars Elite Soccer LLC has put in place preventative measures to reduce the spread of the Coronavirus/COVID-19. I further acknowledge that Dark Stars Elite Soccer LLC cannot guarantee that I/ my son will not become infected with the Coronavirus/Covid-19. I understand that the risk of becoming exposed to and/or infected by the Coronavirus/COVID-19 may result from the actions, omissions, or negligence of myself, son, and others, including, but not limited to, owner, staff, partners and other campers and their families. I / my child voluntarily seek services provided by Dark Stars Elite Soccer LLC and acknowledge that I am increasing my child's and my own risk to exposure to the Coronavirus/COVID-19. I acknowledge that I and my son must comply with all set procedures to reduce the spread while attending camp. I attest that: * I am, nor is my child, experiencing any symptoms of illness such as cough, shortness of breath or difficulty breathing, fever, chills, repeated shaking with chills, muscle pain, headache, sore throat, or new loss of taste or smell.

* My child has not traveled internationally within the last 14 days. * My child has not traveled to a highly impacted area within the United States of America in the last 14 days.

* My child does not believe he has been exposed to someone with a suspected and/or confirmed case of the Coronavirus/COVID-19. * My child has not been diagnosed with Coronavirus/Covid-19 and not yet cleared as non-contagious by state or local public health authorities.

* My child is following all CDC recommended guidelines as much as possible and limiting my exposure to the Coronavirus/COVID-19. I hereby release and agree to hold Dark Stars Elite Soccer LLC harmless from, and waive on behalf of myself, my son, my heirs, and any personal representatives any and all causes of action, claims, demands, damages, costs, expenses and compensation for damage or loss to myself and/or property that may be caused by any act, or failure to act of the owner /staff/partners , or that may otherwise arise in any way in connection with any services received from Dark Stars Elite Soccer LLC. I understand that this release discharges Dark Stars Elite Soccer LLC from any liability or claim that I, my son, my heirs, or any personal representatives may have against the camp/owner/employees/volunteers with respect to any bodily injury, illness, death, medical treatment, or property damage that may arise from, or in connection to, any services received from Dark Stars Elite Soccer LLC. This liability waiver and release extends to the company together with all owners, partners, and employees.

X _____
Parent/ Guardian Signature