



# Warrior Soccer Camp



**Who:** All **boys** and **girls** currently in **6th through 8th grade** are welcome to attend (2025-2026).

**When:** Monday, June 22 – Thursday, June 25, from 8 am - 10 am

**What:** Join us for an unforgettable soccer experience at our summer camp! Perfect for players of all levels, our program is designed to ignite your passion for the game while sharpening your skills. The camp will be led by coach Mike Bell of the varsity boys soccer program, with help from Delaware Valley Varsity and JV soccer players.

Campers should wear weather-appropriate clothing, soccer footwear, and shin guards. Bring sneakers if we must move indoors. Campers should also bring a personal water bottle or drink(s) to stay hydrated throughout the day. Each camper will also be given a camp t-shirt upon arrival on the first day.

**Where:** Delaware Valley Warrior Stadium. In case of rain, please drop off and pick up the campers at the new high school gym entrance!

***Tentative schedule***

**7:50**    ***Campers can begin to arrive at camp***

**8:00**    ***Camp warm-up and stretch***

**8:15**    ***Drill work in stations/Skill Games***

**9:00**    ***Game Play***

**9:50**    ***Cool Down***

**10:00**    ***Campers are picked up at Warrior Stadium or the new high school gym entrance (weather permitting)***

**Registration:** Please contact Coach Bell at bellm@dvsd.org to reserve a spot. Fill out the registration form and either bring it to Coach Bell or complete it on the first day of camp. The cost is \$100 per camper. We will offer a discounted rate of \$75 for any additional siblings. Cash or checks are accepted. Please make all checks payable to Warrior Soccer.

## Registration Form

Camper's Name \_\_\_\_\_ **2025-2026 Grade** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Parent(s) names \_\_\_\_\_

Email \_\_\_\_\_ **Shirt Size** \_\_\_\_\_



### Parent/Guardian Authorization

I hereby approve of my child's attendance to the Warrior Soccer Camp and certify that he is in good health and able to participate in the program. I authorize that the director act for me according to his best judgment in any emergency requiring medical attention. I understand, should an emergency condition arise, I will be contacted during the physical exam. If I am not available, I authorize you to contact:

Name of Physician \_\_\_\_\_

Phone # \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_

Policy # \_\_\_\_\_

Signature of Parent/Guardian Date \_\_\_\_\_