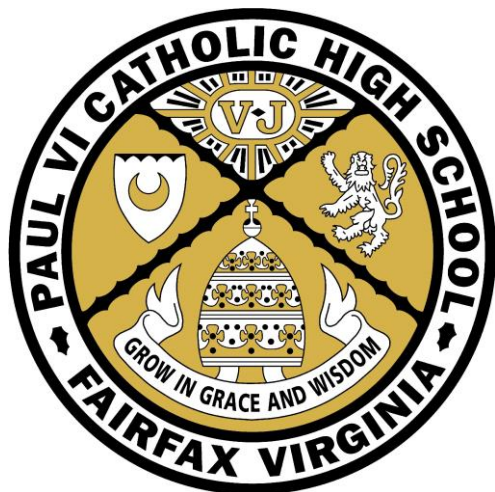


**PVI CATHOLIC
HIGH SCHOOL
BOYS SOCCER CAMP
SUMMER 2019**



July 29 – Aug 2, 2019

**Day Camp
Boys Age 8-15
9 am – 3 pm
\$235**

(\$210 before April 20th)

SIBLINGS ONLY PAY \$190

GROUP DISCOUNTS FOR 4 OR MORE



**2018 WCAC Finalist & 2010 and 2015
VISAA State Champions**

**PVI Boys Head Soccer Coach
Matt Leiva
2013 WCAC Coach of the Year**

PVI SOCCER CAMP

Our goal at the PVI Boys Soccer Camp is to improve your athlete's technical and tactical abilities in a fun and positive environment. We will emphasize the importance of fundamentals while developing decision-making abilities. We want to ensure each camper is on their way to reaching their full potential while having fun at the same time. For the more advanced players, instruction will be focused on maturing as a player and steps to take to reach the next level. Athletes will be given a glimpse of what to expect when joining a strong high school program.

DAY CAMP SCHEDULE

**9 – 11 am Technical Development
11 – 12 pm Tactical Development
12 – 1 pm LUNCH BREAK
1 – 2 pm Group Tactics (3 v 1, 4 v 2)**

Information and on-line registration at www.pvisoccercamps.com or mail this form with a check or money order. For questions, please email Coach Ed Aponte at eaoponte@pvipanther.net

Registration Form

Name _____
Address _____
City _____
State _____ Zip _____
Home phone () _____
Emergency Phone () _____
Years of experience _____ Date of Birth _____ Age _____
Primary Position _____ T-Shirt Size _____
E-mail: _____

Fee: \$235 Day Camp (\$210 if registered before April 20th)

Method of Payment:
() Check Enclosed () Money Order

Make checks payable to:
PVI High School
(Memo: Boys Soccer Camp)

Mail to: PVI Boys Soccer Camp
Attn: Matt Leiva
Paul VI Catholic High School
10675 Fairfax Boulevard
Fairfax, VA 22030

Medical Consent (for parent's signature)
I hereby state that my child is in good normal health and has my permission to participate in all camp activities. In addition, I authorize the PVI Boys Soccer Camp Staff to act for me in securing medical treatment for my child in the event of injury and sickness. A registration requires that a parent/ guardian sign below to agree that in case of an accident involving their child while attending the PVI Soccer Camp they release the camp, the ownership, the counselors, the directors, Paul VI Catholic High School, and the Commonwealth of Virginia from any and all liability.

Signed parent/guardian _____ Date _____