



Common Questions about Camp

1. **Age & Ability:** Players of all size and soccer experience attend camp. The counselors will divide the campers based on age and then on ability. Our goal is to make sure every camper is challenged yet still comfortable.
2. **Facilities:** Camp is held on the St. Joseph High School Madison campus.
3. **What to bring:** Each camper should bring a ball, shin guards, and a filled water bottle with them. We will supply extra water for refills. Campers should also bring or wear tennis shoes, a mid morning snack, and don't forget the sun-screen!
4. **Camper** can register on-site for \$135.



Have other questions?

Contact: Beth Burns
Email: burns.beth61@gmail.com
Phone: 601-291-6273

St. Joseph Catholic School
308 New Mannsdale Rd
Madison, MS 39110

ST. JOSEPH HIGH SCHOOL SOCCER CAMP



May 29th - June 1st

8:00am -12:00pm Ages 4 - 13

**EARLY REGISTRATION
ONLY \$115
AFTER APRIL 23th
\$135**

Reserve your spot today



ST JOSEPH SOCCER CAMP



Dwyane Demmin Camp Director



REGISTRATION FORM

World Cup Soccer camp

Highlights of the Week

- Campers are assigned a coach and country for the week.
- During the skills stations, campers work with different coaches who will teach them:
 - Dribbling, 1v1 moves
 - Shooting
 - Passing, Juggling, Soccer Tennis
 - Defending
 - Movement off the ball
 - Teamwork
- Campers participate in a World Cup Soccer Tournament.
 - This allows them to practice all the skills they learned in the first session.
- Come have lots of fun learning from great coaches!

Dwyane Demmin

- St. Joseph Men's soccer coach; **8x State Champion**
- **2015 St. Joseph Women's coach, 2015 State Champion**
- Former member of Belhaven Men's soccer team
- 2x Mississippi High School Coach of the Year
- 2010 National High School Coach of the Year



St. Joseph Boys Soccer 1A2A3A State Champions 2018

Please make check payable to:
St Joseph Catholic School
Mail your payment, insurance release form and the registration form to:

St. Joseph Catholic School
Attn: Dwyane Demmin
308 New Mannsdale Rd.
Madison, Mississippi 39110

Free snow cone for each camper

Camper _____

Parent _____

Address _____

City _____ Zip _____

Phone _____

Email _____

Age _____ Grade _____ Boy Girl

School _____

Shirt Size (please check only one)

__ Youth Small __ Youth Medium __ Youth Large

__ Adult Small __ Adult Medium __ Adult Large

Contact in case of emergency:

Name _____

Phone _____





SUMMER CAMP Informed Consent Form

I hereby give my permission for _____ to participate in the St. Joseph's _____ Summer Camp. Further, I authorize the school to provide emergency treatment of an injury to, or illness of my child, if qualified medical personnel consider treatment necessary. The authorization is granted only if I cannot be reached and a reasonable effort has been made to do so.

Date _____ Parent or Guardian _____
Address _____ Phone _____
Family Physician _____ Phone _____
Pre-existing medical conditions (e.g. allergies or chronic illnesses) _____

Alternate contact in case of emergency:

NAME _____ PHONE _____

RELATIONSHIP TO STUDENT _____

Medical Insurance Carrier _____

Policy Carrier _____

Policy Number _____

My child and I are aware that participation in _____ is a potentially hazardous activity. I assume risks associated with participation in this sport, including, but not limited to falls, contact with other participants, or other reasonable risk conditions associated with the sport. All such risks to my child are known and understood by me.

I understand this informed Consent Form and agree to its conditions on behalf of my child.

Participant's Signature _____ Date _____

Please return this form with your down payment. Thank you.

CATHOLIC DIOCESE OF JACKSON

St. Joseph Catholic School

Certification of Accident Insurance

As parent(s) or guardian(s) of (name of child) _____, a _____ a participant in the St. Joseph Catholic School Summer Programs, we hereby certify that our present insurance policy provides coverage for any accidents which might occur during the activity.

We are aware of the requirement of the Diocese of Jackson that all children must have this coverage. However, we do not choose to use the offered school insurance program because our own insurance will cover our child/children.

I am also aware that the school is not liable for any deductible, out-of-pocket expenses, or other uninsured amounts paid by me or others for medical expenses incurred by my child.

Parent/Guardian Signature: _____ Date: _____

If your child is not covered by Health or Accident Insurance please complete the bottom portion of

My child, _____, a participant in the St. Joseph Catholic School Summer Programs, is not covered by health or accident insurance. I am aware of the requirement of the Diocese of Jackson that all children must have this coverage. I understand that before my child can attend any of the summer programs it will be necessary for me to purchase Supplemental Student Insurance.

The school will make available a low cost Supplement Student Accident Insurance. Pricing details will be available prior to the beginning of the summer programs.

I am also aware that the school is not liable for any deductible, out-of-pocket expense, or other uninsured amount paid by me or others for medical expenses incurred by my child.

Parent/Guardian Signature: _____ Date: _____