



OLNEY BOYS & GIRLS CLUB, OBGFC FREEMAN FIELDS

4501 Route 108, Olney, MD

Week 1: June 18th - June 22nd

Week 2: June 25th - June 29th

Week 3: July 9th - July 13th

Week 4: July 16th - July 20th

Week 5: July 23rd - July 27th

GRACE EPISCOPAL DAY SCHOOL

9411 Connecticut Ave, Kensington, MD

Week 1: June 18th - June 22nd

Week 2: June 25th - June 29th

Week 3: July 9th - July 13th

Full Day Program (Ages 6-12): from 9am - 3pm; \$235

Half Day Program (Ages 6-12): from 9am - 12pm; \$145

Mini Kickers Program (Ages 4-6): from 9am - 12pm; \$145



CAMPERS ARE REQUIRED TO BRING:

- Cleats / training shoes
- Shin guards
- Water Bottle
- Lunch for full day campers
- Snack for half day campers

**Each camper will receive an end of camp reward!*

EXCITE SOCCER STAFF

The Excite Soccer coaching staff consists of professional coaches, ex-pro players, college and high school coaches, and senior players, all specifically trained to work with young children. Excite Soccer provides a non-competitive, yet challenging environment where even the youngest players feel confident and succeed.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Age: _____ D.O.B. ____/____/____

Gender: _____

Medical Concerns () No () Yes If yes, explain:

Emergency Contact: _____

Home #: _____ Cell #: _____

CAMP SELECTION:

Olney Boys & Girls Club, OBGFC Freeman Fields

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Grace Episcopal Day School

() **Week 1:** June 18th - June 22nd

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PROGRAM SELECTION:

() Full Day Program (Ages 6-12)

() Half Day Program (Ages 6-12)

() Mini Kickers Program (Ages 4-6)

MEDICAL CONSENT FORM:

I hereby state that my child is in good health, and has my permission to participate in any Excite Soccer sponsored camp. I authorize Excite Soccer or any individual camp organizer to act for me in securing medical treatment for my child in the event of an injury or sickness. By signing below, I release, waive, absolve indemnify and agree to hold harmless Excite Soccer, its organizers, sponsors, officers, directors, participants and persons transporting my child, for any claim out of injury to my child whether the result of negligence or for any other cause.

Sign: _____

*Please make checks Payable to **Excite Soccer** and mail to:
3712 12th Street South, Arlington, VA, 22204