



WAYNEWOOD RECREATION CENTER (WRA) (ALEXANDRIA, VA)

Week 1: July 11th - July 15th (9 a.m. to 11 a.m.)
Week 2: July 18th - July 22nd (9 a.m. to 11 a.m.)

SCHEDULE (CHILDREN WILL BE GROUPED BY AGE)

- 8:50 -9:00** - Check In
- 9:00 - 10:00** - Fun packed hour of soccer with all the kids' favorite games
(Bumper Ball, Red Light Green Light, Finding Nemo, Star Wars, Doctor Doctor & More!)
- 10:00 - 10:25** - Snack and free play on play area
- 10:25 - 10:55** - Small sided scrimmages, 3v3 & 4v4
- 10:55 - 11:00** - Cool down and pick up

COST: \$120 PER WEEK / \$220 FOR BOTH WEEKS
**each camper gets an end of week reward*

SIGN UP SOON
space limited!
(ages 3 to 8)



GENERAL INFORMATION

All campers should bring a water bottle and small snack!
 Excite Soccer Provides all equipment including balls.

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: _____

WRA Member #: _____

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

Gender: _____

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

Emergency Contact: _____

Home #: _____ Cell #: _____

CAMP SELECTION:

WayneWood Recreation Center (WRA), Alexandria, VA

() Week 1: July 11th - July 15th (9 a.m. to 11 a.m.)

() Week 2: July 18th - July 22nd (9 a.m. to 11 a.m.)

() Weeks 1 and 2

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:
 4113 S Four Mile Run Drive, Suite 404, Arlington, VA 22204