



James City County/Va Legacy Spring Break Soccer Camp



Virginia Legacy has teamed up with James City County to bring you an exciting, fun Spring Break soccer camp to improve your skills! We organize our camp so that boys and girls will be placed in groups based on age, but more importantly, ability to ensure the best environment available. Virginia Legacy's Professional Staff will be sure to make this one of the most enjoyable soccer camps you will ever attend! You can register and pay online at www.valegacysoccer.com under the "Camp" section OR fill in the bottom of this flyer and send in a check. Spaces are going fast, so sign up now!!!

When: April 5 – April 9 at the JCWCC (Rec Center on Longhill Rd)

Make Checks Payable to: Virginia Legacy Soccer Club

Attendees: Boys and girls ages 6-14

What you need: Ball, Water, Sunscreen, Lunch

Time: 9:00am- 3:00pm

Cost: \$120, includes FREE camp t-shirt

Questions? Go to www.valegacysoccer.com or contact us by phone at 757-253-VLSC (8572).
DETACH REGISTRATION AND SEND TO VA LEGACY SOCCER CLUB: 1117 OLD COLONY LANE, WILLIAMSBURG, VA 23185

Player's Name _____ Male _____ Female _____ Date of Birth _____

Address _____ City _____ Zip _____ Home Phone _____

Parent Names _____ Work Phone (Dad) _____ Work Phone (Mom) _____

Cell Phone _____ Email Address: _____ Team Shirt Size: YS YM YL YXL AS
5yr old ← → 10yr old

School _____

MEDICAL RELEASE

Emergency Contact other than parent or guardian:

Name _____ Relationship _____ Phone _____

Family Physician _____ Phone _____ Hospital _____

Name of Insurance Company _____

If yes, Name of Group _____ Policy Number _____

Please list any medical history which would aid in an emergency, allergies to medications, other:



The player has been granted permission to attend and participate in James City County/VA Legacy Soccer Camp. In exchange for the privilege of the player participating in the program, I, the undersigned, waive any legal claim against those associated with this program, in the event the player is injured while participating in the program. I, the undersigned, give my consent, in case of injury, to have a coach, athletic trainer, medical doctor, nurse, hospital or clinic provide the player with medical assistance and/or treatment, and agree to be financially responsible for the reasonable costs of such assistance and/or medical treatment.