

**JUNE 24-27, 2024**



**at Seneca Valley High School**

# RAIDER

## SOCCER CAMP

2024

**Boys Entering Grades 3-8:  
9:00 AM - 12:00 PM**

**Boys Entering Grades 9-12:  
6:00 PM - 9:00 PM**

**COST:  
\$100**

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\$100**

The Seneca Valley High School Boys Soccer Coaching Staff will provide high quality instruction for ALL players - beginning to advanced!

- George Williams Varsity Head Coach (USSF "A" License)
- Jay Roman Jr. Varsity Head Coach / Varsity Assistant
- Scott Stewart Jr. Varsity / Varsity Assistant
- Brian Goche & Jeff Richards Jr. High Coaches
- Oliver Wiehe Middle School Coach

\*In accordance with Seneca Valley School District, current COVID safety guidelines will be observed.

### Each Camper Should Bring:

**- Soccer Ball - Soccer Gear (shoes & shin guards) - Water Bottle - Snack - Sun Block**

**PLEASE REGISTER BY: June 5<sup>th</sup> in order to receive a Camp T-Shirt**

PLEASE CALL COACH WILLIAMS (724-777-3021) IF YOU HAVE ANY QUESTIONS.

\*Make checks payable to: SENECA VALLEY BOYS SOCCER BOOSTERS

Fill out, detach and mail form below to: George Williams • Raider Youth Soccer Camps • 219 Cliffside Drive • Mars, PA 16046

(Raider Soccer Camp is not a school-sponsored event)

June 24 - 27, 2024 • 9:00 a.m. - 12:00 p.m. (3rd-8th gr.) / 6:00-9:00 p.m. (9th-12th gr.)



# CAMP REGISTRATION FORM

Name: \_\_\_\_\_ Grade (entering)

Address: \_\_\_\_\_ email: \_\_\_\_\_

Parent Name(s): \_\_\_\_\_ Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_

• I understand that neither the Raider Youth Soccer Camp or Seneca Valley Boys Soccer Boosters and their affiliates will assume responsibility for accident, medical or dental expenses incurred by the participant as a result of participation in this program. The Applicant is in good health and able to participate in the physical activity at a vigorous level. In the event of injury or sickness of the participant you hereby authorize a representative of the Raider Youth Soccer Camp to provide and or obtain medical care on their behalf. Raider Youth Soccer Camp will have a certified trainer present and available at the camp.

• Parent/Guardian Signature: \_\_\_\_\_

• The following information is needed for participation:

Health Plan/Insurance Co. name: \_\_\_\_\_

Policy number: \_\_\_\_\_

(If you have no medical coverage you may be required to purchase Student Accident Insurance.)

\*T-Shirt Size - circle one:

YOUTH M   YOUTH L   ADULT S   ADULT M   ADULT L   ADULT XL