

VISION TRAINING SOCCER CAMPS
Phillipsburg, NJ Evening Camp Information

1. Arrival Time: 5:15 P.M.

Please check in at Lopatcong Park and Pavilion with Director TJ Kostecky.

Session begins at 5:30 P.M.

2. What to Bring

Be sure to bring a small gym bag with the following items: **Completed Health Form, shin guards, cleats and sneakers or turf shoes(wearing sneakers while training can give your feet a break when the fields are too hard), and a water bottle.** *Please leave your valuables at home*

3. Pick-up Time: 8:00 P.M.

You must check out with Director TJ Kostecky. If someone is picking you up other than your parent or guardian, please have your parents provide a signed note with pick-up instructions.

4. Rain Policy

If there is a light rain, we will continue training and playing. **If there is Thunder/Lightning, we will seek shelter.** If there is a heavy, sustained rain/lightning storm, you may pick up your children at your convenience. **Any cancellations or delayed starts due to weather conditions will be posted on the www.soccervisiontraining.com web site home page.**

Soccer Gear: You may want to pre-order (and have it delivered to your home or to the camp) any soccer gear you may need on the Soccer Magic web site: www.soccermagicdiscounts.com

Phillipsburg Evening Camp Schedule

5:15 PM Campers Arrive

5:30 PM Director and Staff Demonstration: Topic of the Day!

5:45-6:30 PM Technical Session: Small Sided Games and Skill Training

6:30-7:15 PM Tactical Session: Training how to make the Best Decisions

7:15-7:55 PM Scrimmage

8:00 PM Campers Depart

VISION TRAINING SOCCER CAMPS

HEALTH INFORMATION FORM

This form is to be **PRESENTED AT CHECK-IN**. Please **DO NOT** mail this form.

Participant's Name: _____

Participant's Date of Birth: _____ Age _____ Sex: _____

Address: _____ City _____ State _____

Home Phone: (____) _____ - _____ Email: _____

Parent or Guardian Name: _____

Emergency phone: (____) _____ - _____ Work Phone (____) _____ - _____

Health Insurance Company: _____

Policy Number(s): _____

1. Date of last tetanus shot: _____

2. Date of Diphtheria immunization: _____

3. Date of last Whooping Cough immunization: _____

4. Date of last MMR (measles, mumps, rubella) immunization: _____

Was this a second immunization? _____ Yes _____ No

5. List any allergies including bee stings, hives, asthma: _____

Circle if applicable: I use epi pen/I use inhaler (indicate type) _____ My child can use this independently _____ Yes* _____ No

6. Will the participant be taking any medications while attending the camp?

_____ Yes* _____ No

If yes, what? (Name and dose): _____

Are there special considerations with regard to this medication? _____ Yes* _____ No

7. Does the participant have any current or recent health problems? (Example: diabetes, epilepsy, recent surgery, injury, etc.) _____ Yes* _____ No

If yes, please describe (include dates of occurrence) _____

* Please explain (attach extra pages if necessary) _____

Date of most recent physical exam _____

My son/daughter has had a physical exam and has my permission to participate in the above program. In the event of an emergency, if I cannot be reached by telephone, I authorize emergency medical or surgical treatment for my child.

Parent/Guardian Signature

Date

Parent/Guardian (Print Name)

Lopatcong Park & Pavilion
9 Willdew Ave. Phillipsburg NJ 08865

Directions

From East:

US 78 W

Exit onto 22 W/Memorial Pkwy

Turn right onto **Roseberry St**

Turn right onto **Belvidere Rd**

Turn left onto **Willdew Ave**

Park will be on the left

From West:

US 22 E

Make a U-turn at **Bates St/Ingersoll Ave**

Slight right onto **Lincoln Rd**

Turn right onto **Belvidere Rd**

Turn left onto **Willdew Ave**

Park will be on the left