

## Daily Schedule (M-F)

8:00 a.m. Campers arrive  
 8:30 a.m. Warm-up games  
 9:15 a.m. Skill Session 1  
 10:00 a.m. Break: Snacks  
 10:15 a.m. Skill Session 2  
 11:00 a.m. Lunch  
 12:00 p.m. Movie and Rest  
 12:30 p.m. World Cup Skill Test  
 1:15 p.m. Skill Session 3  
 1:45 p.m. Break: Snacks  
 2:00 p.m. Soccer Match  
 2:30 p.m. End of the Day

Send registration form along with your \$50 deposit payable to Chiles Soccer Camp. Mail to -

**Bryan Wilkinson**  
 165 Casa Bianca Side Rd  
 Monticello, FL 32344

### Items to Bring

Soccer Gear including cleats  
 Tennis shoes or indoor shoes  
 Towel  
 Water bottle (with name)  
 Sunscreen (with name)



**COST: \$150 (includes camp shirt)**

Extended day (up to 5pm) - additional \$25 per week

**Discounts (apply only one)**

- Early registration discount of 10% for full payment prior to May 1st.
- Family - 10% for additional campers from the same family

## REGISTRATION FORM

Soccer Camp at  
**Chiles High School**

June 4 - 8  
 June 11 - 15  
 July 16 - 20  
 July 23 - 27



**CHILES**  
 SOCCER

Camper : \_\_\_\_\_

Age \_\_\_\_\_ Boy  Girl

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Person to be notified in case of emergency

\_\_\_\_\_ Tel: \_\_\_\_\_

Additional Information: \_\_\_\_\_

### AUTHORIZATION FOR TREATMENT

You have our permission to take care of our minor child, \_\_\_\_\_ in case we are unavailable should a medical need arise.

Current medications \_\_\_\_\_

Current conditions \_\_\_\_\_

Allergies \_\_\_\_\_

Date of last physical \_\_\_\_\_

I do hereby give consent for personnel and agents of the Chiles soccer Camp to call for, administer and/or obtain medical attention for my child in an emergency. I also hereby release personnel and agents of the Chiles soccer camp / Lawton Chiles High School / Bryan Wilkinson soccer camp from any liability and/or damages as a result of participation in the camp. I also waive all rights of Entitlement concerning such loss.

Parent Name \_\_\_\_\_

Parent Signature \_\_\_\_\_

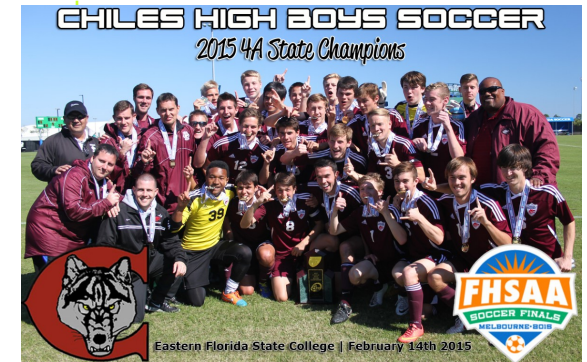
Date \_\_\_\_\_



**CHILES**  
 SOCCER

Soccer Camp at Chiles High

**2018**  
**Summer Soccer Camp**  
**Boys and Girls 5-14**



**State Champions**

**Camp 1 .....June 4 - 8**

**Camp 2 .....June 11 - 15**

**Camp 3 .....July 16 - 20**

**Camp 4 .....July 23 - 27**

**Phone: 850-491-1013**

**tallysoccer@gmail.com**