

PERSONAL INSTRUCTION



PLAYER DEVELOPMENT



GROUP SESSIONS



CSUB™ 2019

YOUTH SOCCER CAMP
Mail Stop: 8 GYM
9001 Stockdale Highway
Bakersfield, CA 93311-1022

CSUB™

YOUTH SOCCER CAMP 2019



PLAY

With similar age and ability level

LEARN

From top coaches and current players

WATCH

Professional soccer matches

WEEK 1 JUNE 3RD-6TH

WEEK 2 JUNE 17TH-20TH

8:30am - 11:30am



The official
provider for
CSUB Soccer

PAYMENT INFO

\$160

Payment: Checks payable to CSUB Soccer

For more information, contact:

James Garces

Assistant Men's Soccer Coach

CSU Bakersfield

(661) 654-2598

jgarces1@csub.edu

FACILITIES

The Main Soccer Field and practice field will both be utilized. Both are customized for specialty training and small-sided games, and enclosed with ample shade in a safe, healthy campus environment.

WHAT TO BRING

Each camper is required to bring the following items:

- Soccer ball
- Sunscreen
- Shin guards
- Water bottle*
- Soccer cleats
- Snacks/lunch*
- Indoor shoes

*Water will be provided. Campers should bring snacks.

CAMP SCHEDULE

DAY	SKILL	THEME
Monday	Passing	
Tuesday	Dribbling & Heading	Favorite Jersey Day
Wednesday	Control & Touch	Heritage Jersey Day
Thursday	Shooting & Finishing	Rowdy Dress Day

OBJECTIVES

Our Camp, open to boys and girls aged 5-14, will utilize the game's skills to focus on player development with sessions consisting of passing, receiving, dribbling, shooting and heading. Whether your son or daughter is a beginner or an accomplished player, this camp is designed to assist in their development through both playing and watching the game. We will group campers in accordance with age and ability as the week progresses. The camp will consist of technical sessions, along with tactical and small side games.



REGISTRATION

Mail completed forms with payment to:
YOUTH SOCCER CAMP
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Bakersfield, CA 93311-1022

Our office will email you confirmation, including camper checklist upon completed application.

Camper Last Name _____ First Name _____

Address _____

City, State, Zip _____

E-mail (required) _____

Home Phone _____ Work Phone _____

Sex M F

Age (required) _____

Week 1: June 3-6

Week 2: June 17-20

Previously attended camp Yes No

T-Shirt Size (please be specific)

YOUTH: S M L

ADULT: S M L

Please note any medical conditions we should be aware of:

PARENT RELEASE

I hereby authorize the staff of the CSUB SOCCER CAMP to act for me according to their best judgment in any emergency requiring medical attention. I hereby release the camp from any injuries incurred by my child while attending camp.

I have no knowledge of any physical impairment that would interfere with my child's participation in this camp.

Parent/Guardian Name (Please Print) _____

Parent/Guardian Signature _____ Date _____

