

REGISTER BY MAIL OR IN PERSON

FOR KICKS ONLY

Soccer Camp at
Braemar House School
36 Baxter St.
Brantford, Ont
N3R 2V8

Office Hours - Mon - Fri 9am - 3pm
Ph: 519-753-2929

Cheques payable to
Braemar House School

FOR KICKS



Summer Soccer Camp 2012

Boys & Girls ages 4 -12

Week 1 - July 23 - July 27

Week 2 - July 30 - August 3

Braemar House School



SAM GREWAL - CAMP DIRECTOR

- Earned a scholarship to Wright State University in Dayton, Ohio. (Div.1)
- Former Member/Captain of Canadian Junior National Soccer Team
- Member of 3 Team Ontario National Championship Teams
- Member of 2 winning Ontario Cup Teams
- Elementary School Teacher in Brantford

For more details contact us at
sgrewal@rogers.com or
call: 519 751 9382

ABOUT THE CAMP

“FOR KICKS ONLY” is a soccer camp run by Braemar House School. The goal of the staff at the Soccer Camp is to meet the demands of the beginner soccer player as well as the more serious soccer player in an intense but FUN environment. We will use technical and tactical training as well as creative skill games in developing our campers skills. Playing experience although helpful is not a requirement. Our goal as a staff is to make our students have an appreciation of the game of soccer and to take what they have learned and apply it to their soccer development. Full day campers (ages 8 and up) will also have an opportunity for a daily swim at the Gretzky Centre. Some of the camp’s special events include a CAMP TOURNAMENT and an AWARDS CEREMONY.



ALL FOR KICKS ONLY CAMPERS RECEIVE AN OFFICIAL CAMP SOCCER BALL AND TEAM T-SHIRT PLUS THERE ARE INDIVIDUAL AND TEAM AWARDS TO BE WON. CAMPERS ARE

REMINDED THAT THEY WILL NEED A LUNCH, PROPER SOCCER ATTIRE AND SWIM GEAR.

CAMP DATES

Week 1 - July 23 - 27

Week 2 - July 30 - August 3

CAMP ARRIVAL AND PICK-UP

Camp begins at 9:00 AM
and ends at 4:00 PM

Before and after care available –
ask for details

REGISTRATION FORM

PERSONAL INFORMATION

Campers Name: _____

Age: _____ Date of Birth: _____

Address: _____

City: _____ Postal Code: _____

Medical Information:

Health Card # _____

Allergies/Medication: _____

Parent/Guardian: _____

Home Phone: _____

Work Phone: _____

Cell: _____

Email: _____

Emergency Contact (Different from Above)

Name: _____

Phone: _____

Single Registration	Family Registration (2 Siblings)
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Week 1 = \$165 <input type="checkbox"/>	Week 1 = \$290 <input type="checkbox"/>
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Week 2 = \$165 <input type="checkbox"/>	Week 2 = \$290 <input type="checkbox"/>
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2 Weeks = \$290 <input type="checkbox"/>	2 Weeks = \$555 <input type="checkbox"/>
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1/2 day programs available - \$90

Please include this form with payment.

Cheques payable to:

Braemar House School

RELEASE FORM

In allowing our son/daughter to be a participant at the “For Kicks Only” Soccer Camp, we agree to release ALL counselors, volunteers, and directors from any responsibilities, claims, actions, demands for injuries and/or losses resulting from direct participation in the camp programs. I have read the above release and sign in agreement.

Signature of Parent/Guardian: _____