

JUNIOR SUMMER CAMPS Players Ages 3-7

Junior Kickers Camp (Ages 3-4)

The DTS Junior Kickers is a camp for 3-4 year old players looking to learn basic soccer skills!

The camp features a combination of instructional drills & fun small sided games.

(Camp will be held weekdays from 9:30am-11:30am)

Session #1 - Week of July 10th, 2017 Session #2 - Week of August 14th, 2017

Special Rate - ONLY \$99 PER WEEK

DTS Junior Camp (Ages 5-7)

During this camp players will learn the fundamentals of the game in both an instructional and fun atmosphere. Players will learn to dribble, pass and how to score GOALS!!! In addition, players will participate in various small sided games and scrimmages!

(Camp will be held weekdays from 9:30am-11:30am)

The camp is recommended for players who have experience in Soccer through classes and/or recreation soccer in town.

Session #1 - Week of June 26th, 2017 Session #2 - Week of July 17th, 2017 Session #3: Week of August 21st, 2017

Special Rate - ONLY \$99 PER WEEK

Registration is held at the Bridgewater Recreation Department. If you are signing up for more than one child or session, separate forms and checks are required. Checks payable to "Soccer Centers". Regretfully, no cash payment accepted at the Bridgewater Recreation Department.

This program will be held at Soccer Centers in Somerset, NJ. Camp held on indoor and outdoor fields depending on weather – to get to Soccer Centers take I-287 to exit 12 at the end of ramp make a left onto Weston Canal Road, at the first light make a left onto Cottontail Lane, go 7/10 of a mile and make a right onto Memorial Drive, Soccer Centers will be ahead at the end of the street – 300 Memorial Drive <u>www.soccercenters.com</u>. For more information about Soccer Centers call (732) 748-4625.

Bridgewater Recreation Department 100 Commons Way - Bridgewater, NJ 08807 (908) 725-6373 Office hours 9am to 5pm Monday to Thursday & 8am to 5pm on Fridays <u>www.bridgewaternj.gov</u>

2017 Junior Camps at Soccer Centers - Pricing:

\$99.00 Junior Kickers OR Junior Camp

Check payable to "Soccer Centers"; no cash accepted.

Participants Last Name	Participants First Name	Age/Grade	Gender
Mailing Address	Town	State Zip	
Home #	Work #	Cell #	
Email Address	1	Camp Title/Session	

If the participant has individualized needs due to a disability, please check the following and someone will contact you regarding reasonable accommodations. Yes, I will need to be notified regarding special considerations for my child.

This is a contact sport. Injuries may occur. Please note that Bridgewater Township Recreation Department does not provide individual medical coverage for its participants. Each participant will be covered under his/her family's medical policy. It is recommended that families have insurance before the child participates. The Recreation Department reserves the right to cancel, alter, supplement, limit registration or change any other information.

Parent/Guardian Signature

____/____ Date

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