## 2025 SCOTUS SOCCER CAMP

The Scotus boys and girls soccer coaching staff, along with the help of former players, will be conducting a soccer camp June 16-19, 2025, for boys and girls entering grades 2-12. The camp will focus on improving individual skills and understanding of the game in a team setting via small-sided games and competitions. The camp will be held at Wilderness Park Soccer Complex (located at 4200 18th Ave) or Scotus Practice Field and we will relay information once we get confirmation.

PLAYERS should bring – appropriate size ball (Size 3, 4 or 5), water, shin guards, soccer cleats

## **Camp Groups**

Grades 7-12 10:30 AM-12:00 PM – Monday-Thursday, June 16-19 Grades 2-6 1:00 PM-2:30 PM – Monday-Thursday, June 16-19

The camp will be conducted by the boys and girls staffs and former players. Current players will be assisting the coaches with our youth camp.

The cost for camp is \$40 per camper (price includes a t-shirt). Please make checks payable to: **Scotus Soccer**. You may pre-register for this camp by sending your registration form with payment to: - **PRE-REGISTRATION PREFERRED** 

Scotus Soccer c/o Jon Brezenski 4031 34th Street Columbus, NE 68601

Please tear and return the bottom portion of this form with payment of \$40.00 to Scotus Soccer at the above address OR Venmo (@Jon-Brezenski).

Multi-family member discount — if you have more than 1 child attending, the  $2^{nd}$  child would be \$35.00,  $3^{rd}$  child + (4, etc) would be \$30.00 each. Please let us know ahead of time so we can help to clarify any questions you have about pricing. The multi-family member discount is for siblings, not cousins attending together. We appreciate you working with us and supporting the Scotus Soccer program and look forward to seeing your family at the camp. Thank you!

I approve of my son's/daughter's attendance at the Scotus Central Catholic Shamrock Soccer Camp and certify within the last year he/she has had a physical examination and that he/she is in good health and able to participate in all camp activities. If medical attention is required for illness or injury while attending camp, I give permission for such care and hereby waive and release the camp, its staff and the Scotus Central Catholic system of liability for any illness/injury that may occur. I understand that any soccer player who does not abide by camp rules and regulations is subject to dismissal without reimbursement or recourse and that damage to facilities will be assessed to those responsible.

Signature of parent:						Date:	
Name of Camper:				GIRL	BOY	2025-26 Grade	Birth Year
Address:						Phone:	_
Name of school:						\$ enclosed	
Email Address							
Circle Shirt Size:							
T SHIRT SIZE: ADULT	S	M	L	XL			
YOUTH	S	М	L	XL			

Any questions regarding the camp, please contact Camp Director Jon Brezenski (402-276-6679, <a href="mailto:coachbrez@gmail.com">coachbrez@gmail.com</a>) or Boys Coach John Bailey (402-276-2445, coachjbailey9@gmail.com)