

# SOCCER CAMP



## CONTACT

Pat Dwyer  
Varsity Girls Head Coach  
TCIS Coach of the year  
E-mail: pdwyer1962@gmail.com  
Cell: 757-724-1316

Paul Bleier  
Varsity Boys Head Coach  
Email: paul\_bleier@cox.net  
Cell: 757-478-4943

Bishop Sullivan CHS  
4552 Princess Anne Rd.  
Virginia Beach, VA 23462

## TIME

9AM—12PM  
DAILY

## LOCATION

BSCHS  
TURF FIELD

## PRICE

\$125 per week

**June 19-23, 2017  
&  
July 10-14, 2017**

**AGES U - 12 and UP**

Fill out the attached registration form ASAP! Send your registration fee of \$125 per week and form to Coach Pat at 2404 Border Ct., Virginia Beach, VA 23456. Checks payable to BSCHS. Please email Coach Pat or Coach Paul to confirm your spot.



# REGISTRATION



Pat Dwyer  
BSCHS Varsity Girls Head Coach  
Cell: 757-724-1316  
E-mail: pdwyer1962@gmail.com

Paul Bleier  
BSCHS Varsity Boys Head Coach  
Cell: 757-478-4943  
Email: paul\_bleier@cox.net

BISHOP SULLIVAN CATHOLIC HIGH SCHOOL

## SOCCER CAMP

Please check the date which applies:

\_\_\_\_\_ June 19-23, 2017

\_\_\_\_\_ July 10-14, 2017

Name \_\_\_\_\_

Date of Birth \_\_\_\_\_

T-shirt size (S, M, L, XL) \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

School and Grade \_\_\_\_\_

Home Phone # \_\_\_\_\_

Email - Mom \_\_\_\_\_

Email - Dad \_\_\_\_\_

Names of Parents \_\_\_\_\_

Cell Phone - Mom \_\_\_\_\_

Cell Phone - Dad \_\_\_\_\_

Allergy Information / Health Concerns / Medication Regularly Taken \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone # \_\_\_\_\_

### Medical Consent Form

I hereby approve of my child's attendance at the Crusader Varsity Soccer Camp located at Bishop Sullivan Catholic High School. I certify that he/she is in good health and is able to participate in the full camp program. I authorize the Clinic Directors and Athletic Directors to act for me in securing medical treatment for my child in the event of an injury or sickness. I understand that should an emergency arise, I will be contacted immediately. If I am not available, I authorize you to contact:

Emergency Contact \_\_\_\_\_

Emergency Contact Phone Number \_\_\_\_\_

Insurance \_\_\_\_\_

Policy Number \_\_\_\_\_

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

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

Date \_\_\_\_\_

Mail Registration Form to:  
Coach Pat Dwyer  
2404 Border Ct.  
Virginia Beach, VA 23456



Cost is \$125  
(make checks payable to BSCHS)

Total Amount: \_\_\_\_\_