

2024 Summer Soccer Camp



Philippians 4:13

I can do all things through Christ who strengthens me.

The RVHR Summer Soccer camp is a Christian based program where the game of soccer will be taught, and biblical principles will be followed as they relate to sportsmanship, character and attitude.

Age groups are as follows: 5-9 age group. We are less strict with age groups for the camp, so if your child is close to the age we will accommodate them attending. This camp is open to both homeschooled and non-homeschooled children and will take place at Church of God campus off of Interstate 81 June 3-7th (Monday-Friday) from 9:30am-11:30am.

All participants will also enjoy snack time (provided by RVHR) and Bible Character study.

Registration fee: \$72 per player

PLEASE MAKE CHECKS PAYABLE TO:

Roanoke Valley Homeschool Recreation, Inc. or RVHR

PO Box 7954, Roanoke, VA 24019

Email: rvhr@cox.net Phone: 540-309-8808 www.rvhr1.com

or bring registration form and fee and drop off at Sweet Frog at 1339 Towne Square Blvd.

Name of Player: _____

Home Address (Include ZIP): _____

Please provide the TWO best contact phone numbers:

1) _____ 2) _____

Date of Birth: _____

Parents Name / Guardian: _____

Best Email Contact (provide up to two) _____

Specific Medical Conditions/Medications/Food Allergies: _____

Soccer Camp dates:

1) Monday – Friday, June 3rd – 7th from 9:30-11:30am

Players will be confirmed on a first come basis. I am looking for anywhere from 10-20 participants.

Daily morning Schedule:

9:30-11:00 – Soccer concepts, drills, techniques in passing, shooting, and dribbling, etc.

11:00-11:15 – light snack/drink/prizes (provided by RVHR)

11:15-11:30 – Biblical Character study on patience, respect, encouragement, leadership, etc.

11:30am – End of session – parent pick up

I, as a parent / guardian grant permission for my son/daughter to participate in the above program and release Roanoke Valley Homeschool Recreation, Inc., and those conducting the Summer Soccer Camp from liability for damages or injuries, which might be incurred during the operation of this program. I assure he/she is in good physical health as examined by a physician. In the event I cannot be reached I give permission for my child to receive emergency medical care. I verify that the above information is true and complete to the best of my knowledge. I represent and warrant that I have the authority to give this release.

Parent Signature

Date