

2019 UTHS TEAM CAMP

This Camp is an essential part of every UTHS soccer players calendar. 8th thru 12th grade Boys' & Girls' are strongly encouraged to attend Team Camp.

Included, not limited to:

- Goal Keeping
- Fundamental Technical Skill Based Training
- Tactics and Teamwork
- Individual and Team Offense
- Individual and Team Defense
- Individual and Team Creativity
- Positional Awareness, Systems and Player Roles
- Nutrition, Diet and Exercise
- Game Day and Practice Preparation
- College Preparation

PAYMENTS

All checks/Money Orders are payable to:
UNITED TOWNSHIP HIGH SCHOOL

FEE: \$75.00

Mail payment to:
**COACH PHIL WEAVER
SOCCER CAMP
19 KNOLL COURT
ROCK ISLAND, IL 61201**

**(Payments may also be made at the UTHS
Athletic & General Offices, please obtain a
receipt).**

NO REFUNDS AFTER FRIDAY, JULY 12th

**(Proof of Medical Waiver Only)
For more detail's & information:
Email: weavepr@aol.com**

**Call or Text (309) 235-9891
Or email weavepr@aol.com for Info**

PRW/05/2019

2019 UTHS TEAM CAMP

**8th Grade through 12th Grade
Boy's & Girls' at the Panther
Pitch, East Moline, IL 61244**



**Tues, July 16th thru Thurs, July
18th, 2019**

10:00 a.m. through 3:00 p.m.

THE PANTHER PITCH COMPLEX



Two a day Technical and Tactical Soccer Sessions



UTHS SOCCER TEAM CAMP 2019

Directed by Phil Weaver – UTHS Head Soccer Coach

EQUIPMENT:

SHIN GUARDS are MANDATORY and must be worn at all-time. Participants must bring their own SOCCER BALL clearly marked with their initials. Player's must wear appropriate SOCCER SHOES, SHORTS & SOCKS & should bring one light & one dark T-SHIRT. A warm HOODY & SWEAT PANTS are advised. WATER BOTTLE, LIGHT SNACK.

COACHING STAFF TO INCLUDE BUT NOT LIMITED TO:

- PHIL WEAVER – UTHS HEAD COACH**
- TONY DAVILA – UTHS JV Coach**
- ERIC CASSLING- UTHS FR Girls Coach**
- SCOTT KING – UTHS FR Boys Coach**

SCHEDULE:

Tuesday thru Thursday Arrival 9:45 a.m.
Start: 10:00 a.m. End Time: 3:00 p.m.
(Break 12:00 Noon thru 1:00 p.m.)

UTHS TEAM CAMP REGISTRATION:

FEE: \$75:00

NAME.....

AGE.....

ADDRESS.....

CITY.....

STATE.....

ZIP.....

EMERGENCY CONTACT.....

PHONE.....

PARENT AUTHORIZATION & LIABILITY WAIVER:

I hereby authorize the Directors' & Staff of the UTHS Team Camp 2019 to act for me, according to their best judgement in an emergency requiring medical attention. I hereby release the Team Camp, their employee's & associates from any liability for any injuries sustained whilst attending the 2019 UTHS Team Camp. I certify that my son/daughter is medically fit to participate in the 2019 UTHS Team Camp.

List Allergies and Medications:

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Parent Signature.....

Date.....