



Youth Soccer

Camp Registration Info

Top Corner Sports Mission Statement

Thank you for registering for a TOP CORNER SPORTS camp option. Please review our camp procedure and policies for a better understanding of TCS Camps are run throughout the year. TCS goal is as always to provide children of all ages and skills levels an exciting and motivating experience to enhance their physical and social awareness by use of Sports. To ensure these experiences with our campers TCS employs a highly skilled and professionally trained coaching staff who bring unique experiences to the facility.

Youth Soccer Camp

Youth Soccer Camp(7-12 yrs old): Calling all Soccer Players!!! The Top Corner Sports Soccer Staff are set to prepare campers with valuable skills such as dribbling, passing, shooting, 1st touch, positioning and decision making, throughout each action packed week. Within a "player centered" environment that allows children to excel in the following areas; on-ball confidence, decision making, ownership, problem solving and understand positions, roles and responsibilities. These skills are worked on in a fast pace developmental setting. Each week will included a "Festival Play" tournaments for players to test their skills out on the pitch in live game action.

This exciting camp will include specialty goalkeeper training.

- 9:00-9:30 Group Warmup and Technical Session
- 9:30-10:30 Field Session- Topic of the day.
- 10:30-10:45 Break/Snack Time (*campers are to bring a light snack and water bottle each day)
- 10:45-11:30 Field/Classroom or Gym Session
- 11:30-12:00 Small sided games



Registration/Paper Work

All Camp registrations and payment can be done online at www.topcornersports.com or by calling a Top Corner Sports Representative at (908) 722-3333. After registration is complete, all campers must fill out and return the following:

- 1) TCS Waiver
- 2) TCS Camp Registration Form
- 3) TCS Authorization for Administration of Medication Form

* Please note that these forms only need to be filled out one time per year, but each form must be filled out per child.

Youth Soccer Camp Options (Please Circle all that applies)

Camp Dates	Camp Day (9:00-12:00)	Play4Mance Afternoons (12:00-4:00)	Play4Mance Afternoon Days of the Week Registering for (Circle days of the week you want)	AM CARE 8:00-9:00	PM CARE 4:00-6:00
6/24 – 6/30	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F
7/1 – 7/3	\$96	\$20/day	M T W TH F	M T W	M T W
7/8 – 7/12	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F
7/22-7/26	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F
7/29 – 8/2	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F
8/26-8/30	\$160	\$20/day	M T W TH F	M T W TH F	M T W TH F

TOTAL PRICE _____

Doubles Discount (2+ Weeks) -\$20 per week * For Full Day/Full Week registrations only*

Super 4 Discount (4+ Weeks) -\$30 per week * For Full Day/Full Week registrations only*

TCS Summer Discount (6 Weeks) 1 Free Week of Camp * For Full Day/Full Week registrations only*

BALANCE = _____

REGISTRATION PAYMENT (Please check 1)

- REQUIRE PAYMENT PROGRAM
- CHARGE CREDIT CARD WITH FULL BALANCE



Top Corner Sports Camp Registration Form

Camper Info

Campers Name _____

Birthdate ____/____/____ Sex: _____ Current or Entering Grade _____

Camper Contacts

Parent/Guardian Name _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Parent/Guardian/Emergency Contact _____

Address _____ City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____

Pick Up Alternatives (In the event those named above are unable to pick up the child I authorize the following contacts to pick up)

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____



Top Corner Sports
Camp Registration Form

Camper Medical Information

Preferred Hospital _____

Immunizations up to date as of _____ Date of last Tetanus Shot _____

Name of Family Physician _____ Phone _____

Medical Insurance Carrier _____ Policy or Group # _____

Heath History Report

Does your child experience frequent (please check all that apply)

Headaches ___ Sore Throat ___ Ear Infections ___ Respiratory Infections ___ Stomach Virus ___ Cold/Flu ___

Any recent medical attention or serious injuries (with dates) _____

Any recent psychiatric counseling or hospitalization (with dates) _____

Any Disability or chronic/recurring illness _____

Seasonal Allergies (Please List) _____

Food Allergies (Please List) _____

Allergy Treatment _____

Camper Behavioral/Personal Information (information for TCS Camp Director only)

Any Restricted activities or physical limitations of camper _____

Any medication to be administered while at camp (If yes please fill out Medication release form) _____

Any behavioral or emotional information for camp director _____

Any dietary restrictions _____



Health History Statement: This health history is correct to the best of my knowledge, and the camper listed above has permission to engage in all camp activities without limitations except as noted.

Emergency Authorization: In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the camp director to obtain any and all necessary medical treatment for the camper named above.

Signed _____

Dated _____

Credit Card Information (if using this as form of registration)

Credit Card Type _____ Card Number _____

Expiration Date _____ CVC Code _____

Authorization to save in TCS System for recurring payments _____

**Receipts will be send via email once CC has been processed. If you do not receive a payment receipt within 2 weeks of submitted registration form, please contact front desk.

*** If you would like to be placed on a payment plan for summer camps please contact dleary@topcornersports.com (Dan Leary).