



**TOM PASCHAL**  
**CAMP DIRECTOR**

Tom Paschal has been a soccer coach for 14 years. He has coached teams from 4 years old to 18 years old. He has a E Coaching License. He is a founding member of the Board of Directors for the Poplarville Soccer Club. He has been the Youth Academy Director for PSC for the past 3 years and coached a U8 All-star team this season that traveled and played across South Mississippi.

**Paschal Soccer Academy**

Poplarville, MS 39470

P.O. Box 91

Poplarville, MS 39470

**Paschal Soccer Academy**

Enthusiasm \* Effort \* Excellence

**YOUTH SOCCER ACADEMY**  
**JULY 28—30, 2011**  
**9 AM—12 PM**  
**AGES 4—11**

**LOCATION**

**PEARL RIVER COMMUNITY COLLEGE**  
**SOCCER COMPLEX**



**FOR MORE INFORMATION**



**601-795-3375**

## Camp Fees

THE CAMP FEE IS \$50 FOR THE 3 DAYS AND \$25 FOR ONE DAY EARLY REGISTRATION MUST BE IN BY JULY 15, 2011 PHOTOCOPIES OF APPLICATION ARE ACCEPTED.

## Registration

Make all checks payable to:

**TOM PASCHAL**

P O BOX 91

POPLARVILLE, MS 39470

## Insurance

ALL CAMPERS WILL BE covered under an accidental insurance policy at no extra charge for the duration of the camp. Any additional medical expenses will be the responsibility of the camper. Expenses related to illness of any kind will be the responsibility of the camper.

## What to Bring

- **BALL**
- **CLEATS**
- **SHIRTS, SHORTS, SHIN GUARDS**
- **TOWEL**

## Staff

**Tom Paschal—Camp Director**

**Ethan Paschal—Coach**

**Karly Mitchell—Coach**

## Instruction

- **FUN ORIENTED ENVIRONMENT**
- **QUALITY INSTRUCTION**
- **FOCUS ON DRIBBLING, SHOOTING AND PASSING**

## Camp Routine

**8:30—9 PM CAMPERS ARRIVE**

**9 AM -10 AM INDIVIDUAL SKILLS TRAINING**

**10 AM—11 AM TEAM TRAINING SKILLS**

**11 AM—12 AM COMPETITION TRAINING**

**THERE WILL BE FREQUENT WATER BREAKS DURING TRAINING!**

## Check In

All campers need to arrive by 8:45 am in order to be checked in before practice can begin. All completed forms must be turned in before camper can participate.

## Application

NAME \_\_\_\_\_

HOME PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

SCHOOL \_\_\_\_\_

T-SHIRT SIZE \_\_\_\_\_ AGE \_\_\_\_\_

GRADE ENTERING \_\_\_\_\_ HT \_\_\_\_\_ WT \_\_\_\_\_

PARENT / GUARDIAN \_\_\_\_\_

TELEPHONE \_\_\_\_\_

EMAIL: \_\_\_\_\_

## Parent / Guardian Release

I/WE, THE UNDERSIGNED, HEREBY CERTIFY that I am the parent or legal guardian of the camper. I hereby give permission for the staff of the camp to seek medical attention for the camper if it is deemed necessary during the course of the camp. I will be responsible for any and all costs of medical attention and treatment except for that which is covered by camp insurance. I/we, the undersigned, for ourselves, our heirs, executors and administrators, waive, release, and forever discharge Paschal Soccer and the camp, its staff, agents, employees and administrators from any liability due to personal injury or loss.

Parent

or Guardian

Signature \_\_\_\_\_