

CLINTON PARKS AND RECREATION

201 KILLINGWORTH TURNPIKE, INDIAN RIVER COMPLEX, ROUTE 81, CLINTON, CT 06413 (860) 669-6901



Dates: July 29, 2019 - August 2, 2019 Held at the Indian River Complex

Boys and Girls ages 6 - 15 Years old

Full Day Camp 9:30am to 3:00pm. **Fee \$185**

Half Day Camp 9:30am to 12:00pm. **Fee \$140** (Recommended for ages 6, 7 & 8)

Team Day Camp 9:30am to 3:00pm. **Fee \$125**

(This year we will be offering a special Team camp program. If 10 or more players from the same team, or players combined with another team, sign up they can train and play together at a special tuition rate of \$125.00 per player.)

The fee includes a T-Shirt along with Individual and Team Awards. Please be sure to apply sunscreen prior to arriving.

The Victory Soccer School summer program at Clinton is directed by NSCAA Hall of Famer Bob Dikranian and David Dikranian. Coach Bob Dikranian holds 6 Division II National Championships at SCSU. David Dikranian is a successful girls coach at Daniel Hand High School. The Clinton summer program includes Full Day and Half Day options with comprehensive coaching by an elite training staff.

Coach Dikranian will be accompanied by an outstanding staff of former collegiate coaches & players.

Please return registration to the Park & Rec Dept., 201 Killingworth Turnpike, Clinton, CT 06413

Please Check Requested Camp: 1/2 Day Full Day Team Team Name _____

SHIRT SIZE PLEASE CHECK: YS YM YL YXL AS AM AL AXL

Name: _____ DOB: _____ Age: _____ Grade: _____ F/M _____

Address: _____ Best Phone: _____

Parents Name: _____ Email Address: _____

Allergies/Medical: _____

Emergency Contact: _____ Best Phone: _____

I give permission for my child to participate in this program. I understand that the Recreation Department, the Town of Clinton, and any other person will not be responsible for any injuries as a result of participating in this program. I understand that I must carry my own accident and liability insurance for my child. I am familiar with the inherent risks of this program.

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

OFFICE USE: PAYMENT AMT: _____ CHECK# / CASH: _____ DATE _____

Return this form to the P & R Facility or Register Online at <https://parkrec.clintonct.org>

