

Lady Rams Clinic  
**APPLICATION FORM**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Home Phone #: \_\_\_\_\_  
Cell Phone #: \_\_\_\_\_  
Daytime Phone #: \_\_\_\_\_  
Name of Parents/Guardian: \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_  
School: \_\_\_\_\_  
Position: \_\_\_\_\_  
Shirt Size-  
 YL  Small  Medium  Large  XL  
Years of Experience: \_\_\_\_\_  
Level of Play:  
 Beginner  Intermediate  Advanced

Fee.....\$130  
*Non Cheshire residents add \$10.00*

*Checks payable to: James Luis*  
Mail registration to: Cheshire Parks and Recreation  
559 South Main Street  
Cheshire, CT 06410

If you have any questions, please contact:  
James Luis [James\\_Luis@hotmail.com](mailto:James_Luis@hotmail.com)  
860-256-7461

**For Office Use Only: Check #**

Confirmation Sent:  Medical Form Received:

Lady Rams Soccer Clinic  
Director- James Luis  
[james\\_luis@hotmail.com](mailto:james_luis@hotmail.com)

# Lady Rams Soccer Clinic

at Cheshire High School's Turf  
Field **July 24th-July 28th, 2017**  
For girls entering grades 3-9



**Directed by:**

**James Luis**

**Cheshire High School**

**Head Coach**

## About the clinic...

### STAFF

The clinic director is James Luis. He has been the varsity girls soccer coach at Cheshire High School for the past 4 years. James' history with Cheshire Youth Soccer goes back 11 years and includes several finals and championships.

Under Coach Luis' the Rams have won the SCC Tournament once in two appearances and three SCC Housatonic Division Championships. Prior to becoming the Head Coach of the Lady Rams coach Luis was Head Coach of the Cheshire Academy Girls Soccer program, Assistant at the University of New Haven and Assistant at Cheshire High School. His experience and knowledge in youth soccer development is his passion and strength.

The staff as a whole will be comprised of current coaches, past coaches and players from the Cheshire HS Lady Rams program.

### Lady Rams Clinic Overview

The Cheshire Parks and Recreation Department in conjunction with, James Luis, Head Coach of the Cheshire HS Girls Soccer Program host this clinic that will focus on basic skills and knowledge of soccer. The latest techniques, as well as offensive and defensive tactics will be taught. A highly skilled coaching staff will provide excellent instruction for this 5-day clinic running from Monday July 24th through Friday July 28th. If you're looking to improve your foot skills, gain confidence in possession of the ball or want to elevate your play in general, this clinic is for you!

### FEES

Fee.....\$130

*Non-Cheshire residents add \$10.00*

Fee includes: Clinic T shirt, Giveaways

**\*\*Payment must be received in full to secure a spot in the camp. Enrollment is limited. Camp will be filled on a first come, first serve basis. Apply early to assure your place in camp. \*\***

### CLINIC SCHEDULE

Dates: Monday July 24– Friday July 28. Cheshire High School Turf Field.

**Times:** 5pm-8pm

Girl's entering grades 3-9

### EQUIPMENT

Each camper is expected to bring her own soccer ball, shinguards and water bottle. Campers will also need both cleats and cross-trainers/sneakers.

### FACILITIES

Camp will be held at the Cheshire High School Turf Field. The field is located at the back of the High School property.

### CANCELLATION POLICY

Refer to the Cheshire Parks and Recreation Summer Brochure or call (203) 272-2743 for more information.

### INCLEMENT WEATHER

In case of inclement weather please call the information hotline (203) 250-2470.

I here by release Cheshire Parks and Recreation, its agents, assigns and employees, particularly the sports medicine staff, from any liability caused by, or arising out of participation in CT Choice Girl's Lacrosse Camp. I recognize that there is a risk of injury associated with playing a sport and do hereby authorize the assigned certified first aid and CPR staff to provide emergency first aid for my daughter. I authorize said individual to act for me according to their best medical judgment in any emergency requiring medical attention. I also recognize that any medical treatment provided by sources other than the staff, such as hospitalization, will be my financial responsibility.

Parent or Guardian

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For any additional information, feel free to contact James Luis at (860) 256-7461 or E-mail at [James\\_Luis@hotmail.com](mailto:James_Luis@hotmail.com).