



NORTHERN BURLINGTON SOCCER CAMP

The purpose of the camp is to provide a skills-based soccer camp to children entering grades K through 8. This is an instructional camp designed to teach basic fundamentals. The emphasis will be on individual skills and techniques for offensive, defensive, and goalkeeper skills. The campers will learn drills that they can continue to do on their own to improve their skills in the game of soccer

PROGRAM: The NBC Boys Soccer coaches, assisted by various parents from the sending districts who possess youth soccer coaching licenses will staff the camp. Players from the high school program will be instructors at this camp under the supervision of these adults.

Additional Info

The camp is eligible for anyone entering K-8. All campers should bring a ball, water bottle, and shin guards.

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Remind: Text @nbkidscamp to 81010

Twitter: @Northern_Soccer



Made out to Northern Burlington Boys' Soccer) TO

RACHEL FARROW BY JULY 15TH

-ADDRESS: 14 Bunting Drive
Chesterfield NJ 08515

Questions? Contact Justin Faust-
Camp Director

✉ JFAUST@NBURLINGTON.COM

DATES: AUGUST 1-4

TIME: 5:30-7:30 PM

**LOCATION: NORTHERN
BURLINGTON HS**

**COST: \$75 (\$50 EACH
ADDITIONAL CAMPER)**

CONTACT INFO

Northern Burlington Soccer Camp General Release Form

As a parent/guardian of the registered child, I certify that the child is in good physical health and capable of participating in strenuous physical activity. I hereby give my approval to his/her participation in the Northern Burlington County Soccer Camp, under the direction of the NBC Boy's High School coaches and players. As a parent/Guardian of the registered child, I authorize the NBC Camp and its agents to request medical treatment as necessary to insure the well being of my dependent. In case of injury to my child, I agree to waive all claims resulting from or in connection with activities in which my child is a participant. I hereby release, absolve, and hold harmless, Northern Burlington County Regional School District, its coaches and directors.

Parent or Guardian Signature

Date

Emergency Information

Player Name _____ Birth Date _____ 2022 Grade _____

Address _____

Parent/Guardian _____ Shirt Size: YS YM YL AS AM AL

Home Telephone No. _____ Parent Email: _____

Parent Cell Phone #: _____ Insurance Carrier: _____

Policy Number: _____

Family Physician Information _____

Allergies _____

Emergency Contact (and Contact Information):
