

2016 Direct Kick Soccer Camp at Albertus Magnus High School

Boys and Girls Grades K—5

August 15 - 19, 2016 9:00 - 12:00



Direct Kick Soccer Camps have been teaching the Rockland County Soccer community for over 25 years. Whether you are a first time player looking to learn the fundamentals or an experienced player looking to take your game to the next level we will provide you the opportunity to improve your game. Our coaches are experienced in coaching and teaching players of all ages and abilities. We will provide younger players the opportunity to work with USSF Certified and High School coaches to improve their game. Sessions are designed to allow beginners the chance to learn the basics at their own pace. At the same time we will challenge the more advanced players looking to develop their game

Albertus Camp Director

Brian Fitzpatrick

Coach Fitzpatrick has been the Boys Varsity Soccer Coach at Albertus Magnus High School since 1997. A USSF Licensed Coach, Coach Fitzpatrick also coaches with the Clarkstown Soccer Club. Coach Fitzpatrick is also a Certified Physical Education teacher. A former All Rockland County player at Albertus he began his coaching career in 1995 as Coach Bob Walkley's Assistant with the Albertus' Girls Team. Since taking over the Albertus boys, his teams have won 6 League Championships and 3 straight Section 1 Championships in 2004, 2005 and 2006.

In 2006 the Falcons became the only team in Rockland County history to win the New York State Boys Soccer Championship. Coach Fitzpatrick was named the Rockland County Coach of the Year in 2001, 2004 and 2006.

Please mail the below application along with camp fee to

Brian Fitzpatrick, Direct Kick Soccer, 8 Mallard Dr., West Nyack, NY 10994. Make Checks payable to Direct Kick Soccer. Registration deadline is July 1, 2016. Registration received after the deadline will be charged a \$10 late fee.

For more information please contact Coach Brian Fitzpatrick - brianfitz1@verizon.net or (845) 304 - 4929

August 15 - 19, 9:00 - 12:00 Registration Fee - \$140

Name _____ Age ____ Sex ____ Grade (Sept '16) ____ DOB ____ / ____ / ____

Address _____ City _____ State _____ Zip _____

Parents Name _____ Phone _____

E-Mail _____ School Attending _____

T-shirt size (Please Circle) Y/S Y/M Y/L A/S A/M A/L A/XL

Emergency Contact _____ Emergency Contact Phone _____

Parents Insurance Company _____ Policy # _____

Medical Conditions or Concerns

I the parent/legal guardian of the above named child do hereby give my approval and permission to his/her participation in the Direct Kick Soccer Camp. I assume all risks and hazards incidental to such participation and I hereby waive, release, absolve, indemnify and agree to hold harmless The Direct Kick Soccer Camp, the organizers, employees, sponsors, supervisors, and participants, for any claim arising out of an injury to my child. I hereby give my consent for all medical treatment prescribed by a duly licensed Doctor of Medicine for the above named child. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my child.

Signature of parent or legal Guardian _____ Date _____