

INDIVIDUAL CAMP

JUNE 18-21

5:30 PM – 8:00 pm

Boys and Girls
Ages 6 –18

Individual: \$80.00

Two in family: \$140.00
(call if more than two in a family)

Three different levels of age groups will be featured – Elementary, Middle and High School.

- **Ball skills and 1v1 skills every day**
- **Technical and Tactical training**
- **Goalkeeper specific sessions**
- **Speed, Agility, and Fitness training for ALL sports offered**
- **CAMP SHIRT included**
- **Daily Competitions/Matches**
- **Closing Ceremony and FINALS on Thursday (the D-B way)**

STAFF

Camp will be conducted by Dobyys-Bennett Coaches, Special Guest Clinicians, Collegiate Coaches and Players, and former TRIBE players.

Completed application and full payment should be mailed as soon as possible to:

Coach Blake Rutherford
Dobyys-Bennett High School
1 Tribe Way
Kingsport, TN 37664

(423) 312-1384 – Cell

MAKE CHECKS PAYABLE TO:

"Dobyys-Bennett Activities"



FOR ADDITIONAL INFORMATION CALL:

(423) 312-1384

2018 D-B SOCCER CAMP APPLICATION
Located at D-B's Indian Highland Park
Camp Curriculum Desired: Individual GK Shift Size _____

STUDENT NAME: _____ DOB: _____ Grade (Fall, 2016) _____ AGE _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
SCHOOL: _____ PARENT WORK/EMERGENCY PHONE: _____

I/We, _____, hereby give permission for my/our child, _____, to participate in the D-B Soccer Camp at DBHS. I understand that sporting activities involve the potential for injury, and on rare occasions, these injuries can be severe, disabling or even result in death. I/We understand that there is no insurance coverage or payment of loss provided by Kingsport City Schools for any injury, no matter how severe. I/We further agree to hold Kingsport City Schools, its' employees, agents and assigns harmless from any liability arising out of my/our child's participation in this activity. I/We further grant permission to Kingsport City Schools and/or its' coaches, physicians, trainers and/or EMT to render any aid, treatment, medical or surgical care deemed reasonably necessary to the health and well-being of my/our child and understand that any cost associated with said treatment will be borne by me/us.

Parent Printed Name _____ Parent Signature _____ Date _____ Amt. Encl. _____



2018 D-B Soccer Camp

CAMP LOCATION
*Indian Highland Park
(D-B Soccer Facility)*

Activities Office
Dobyns-Bennett H.S.
1 Tribe Way
Kingsport, TN 37664

Activities Office
1 Tribe Way
Kingsport, TN 37664
(423) 378-8475