

# Three Village Soccer Camp

Where: Ward Melville High School  
When: August 18th- 21st (2025)  
Ages: Entering 1st - 12<sup>th</sup> grade  
Time: 8:00 am - 12:00 p.m.  
Cost: \$275 (includes camp T-shirt)



**Camp information:** For soccer players of all ages who enjoy playing and learning the game of soccer. Children are placed into groups by age/grade and participate in a variety of activities, drills, contests and games. Each day of camp has a targeted teaching focus for each group. Athletes will learn, practice, and develop each focus area during that day and continuing throughout the week. Athletes are provided a 30 minute lunch/snack break, followed by a game or contest focusing on lessons taught that day. All athletic abilities are welcome.

Our staff is comprised of in-district Middle School, JV, and Varsity certified coaches who are CPR/AED & First Aid certified. This camp is designed to improve your child's skills, knowledge and understanding of soccer, as well as provide them with a FUN and memorable experience.

Camp Coaches include:

Ward Melville- Varsity Boys and Girls Coaches

Ward Melville – JV Boys and Girls Coaches

Gelinas JHS - Boys and Girls Coaches

Murphy JHS - Boys and Girls Coaches

Ward Melville Alumni

Send completed form and check made payable to:



venmo

WM Camps  
3 Tara Court  
Medford, NY 11763

Venmo Option: Please send/email completed form and Venmo: @wmcamps

For more information, directions or further details, contact:  
Rocco Vetro or Tom Whitehead at [WMsoccer@yahoo.com](mailto:WMsoccer@yahoo.com)



Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ Gender \_\_\_\_\_ School: \_\_\_\_\_ Grade as of Sept. (2025) \_\_\_\_\_

Circle T-Shirt size:.....Youth: S M L .....Adult: S M L XL

Parent Signature \_\_\_\_\_

**Parental consent form.** My child is in good health and has my permission to participate in the above mentioned clinic. He/she has no previous illness or bodily injury which is adverse to participation in any sports. I do understand that while participating, physical injury may occur during the course of the camp. This consent form acknowledges my agreement to allow my child to be treated, if necessary, by a physician and or trainer while attending the above mentioned sports camp. I hereby accept responsibility for any and all costs related to medical and or dental treatment, over and above the amounts provided by medical and liability insurance coverage by WM Camps, Inc. I hereby agree to hold harmless WM Camps, Inc. and its representatives from damages resulting from loss and or injury during camp participation.