

Jackson Youth Soccer Camps

Presented by the Jackson Varsity Boys' Soccer Team

Ohio Div 1 State Finalist 2007

Regional Finalist 2004, 2007, 2008

Div 1 State Top 10: 2003, 2004, 2005, 2007, 2008

Federal League Champs: '89, '90, '92, '93, '96, '97, '98, '99, '00, '02, '03, '04, '05, '07, '08



The Cub Camp at Jackson



The Select Camp at Jackson

August 3rd to 6th 9:30am to 11:30am
Boys entering K through 3rd grades this fall
Cost: \$50

Aug 3rd to 6th 9:00am to 3:00pm
Boys entering 2nd through 8th grades this fall
Cost: \$120

The Bear Cub camp is a skills camp for beginner and intermediate players in the elementary grades. Emphasis on the camp will be placed on individual dribbling and reception skills, speed of play, and ball striking.

The Select Camp is designed for the intermediate and advanced players that are currently involved in travel and club soccer. Emphasis will be placed on the development of individual skills and combination play. The campers will continue to work on the concepts and system of play currently used at the high school level.

What to Bring to Camp:

- Soccer Ball.
- Shin Guards
- Personal Water Bottle.
- Sweatshirt/Raingear. (We play rain or shine.)
- Soccer Bag to keep all belongings

Camp Highlights:

- Free Camp T-shirt.
- Daily awards and competitive games.
- Skill building exercises.
- Learn from the top Players and Coaches in Stark Co.
- FUN! FUN! FUN!

The Soccer Camp will be held at the Jackson High School Soccer Fields.

- Please drop off and pick up all campers at the Jackson Soccer Fields behind the high school.
- Any questions??? Contact Coach Michael Biros via email: coachbiros@hotmail.com.
- You will not receive any advance notification. Please mark your schedules. See below for deadline.
- Make Checks payable to: POLARBEARSOCCEER.
- Mail Check and Application to:

Polar Bear Soccer Camp
c/o Coach Michael Biros
6391 Bayside St NW
Canton, Ohio 44718

For more information, log on to the Home of Jackson High School Soccer: www.polarbearsoccer.com.

Detach here and mail in with payment to the address above.

* We will accept registrations up to the day of the camp, however, all available discounts can be applied to registrations received before July 15th.

Name: _____ Grade(entering this fall) _____ Age: _____
 Address: _____ Camp (circle one): CUBS SELECT
 City: _____ Zip: _____ T-shirt (circle one): YM YL AS AM AL AXL
 Phone: _____ Amount Paid*: _____ Ck #: _____

RELEASE: I am aware that injuries can and do occur playing this sport. I hereby waive and release the Jackson Select Soccer Camp from any liability from injuries incurred while at camp. I hereby state my son is in good physical health and capable of participating in camp activities. I release the Jackson Local School District, camp coaches and helpers from injuries, which may occur while my son is at camp. All campers should have his/her own insurance.

Date: _____ Parent/Guardian: _____