



**2009**  
**WOMEN'S SOCCER**  
**DEVELOPMENTAL CAMP**

**Where:** Hibriten High School

**When:** June 15-19

**Time:** 9:00 a.m.-12:00 p.m.

**Girls only camp...ages 5 and up**

**Cost:** \$60 (includes t-shirt and ball) (\$50 if paid on or before May 31, 2009)

\*Registration forms available in Hibriten High School Office or on  
[www.hibritenhighschool.org](http://www.hibritenhighschool.org)

**Camp Philosophy.** This soccer camp was created to provide girls of all ages the opportunity to learn and develop higher skill levels. Our goal is to provide each girl, no matter the level, the opportunity to improve both as a soccer player and as an individual. We are committed to enhance the development of each girl's technical and tactical skills through several fun and safe, yet demanding training sessions.

**Staff:**

**Shea Bridges---Head Coach Hibriten Women's Soccer**

**Elliott Bridges---former Catawba College Soccer and North Carolina ODP**

**Brian Collins---former player/asst. coach Lenoir-Rhyne University**

**Tori Daniels---Lenoir-Rhyne University Soccer**

**Sven Picton---UNC Greensboro Soccer and North Carolina ODP**

**Bailey Stevens---Gardner-Webb Soccer**

**Matt Martinez---former Emory and Henry College Soccer (Goal Keepers)**

\*Also assisting the camp will be many past and present soccer players from Hibriten High School.

\*All girls should bring shin guards, sunscreen, water, and snack each day. For more information contact Shea Bridges @ 828-234-3339 or email [sbridges@caa.k12.nc.us](mailto:sbridges@caa.k12.nc.us). Make checks payable to HWSDC. Please mail payment and registration to:

**Shea Bridges**  
**501 NE Dogwood Street**  
**Lenoir, NC 28645**

Player's Name \_\_\_\_\_

Birth Date \_\_\_\_\_

Address \_\_\_\_\_

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Daytime \_\_\_\_\_

Emergency Contact \_\_\_\_\_  
(Name) (Number)

T-shirt Size (circle one)

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**WAIVER OF LIABILITY AND DISCLAIMER**

To induce the Hibriten Women's Developmental Soccer Camp to accept registration and permit participation in Hibriten Women's Developmental Soccer Camp by the named individual(s), we, the parents or guardians of said individual(s) hereby give our consent and agree to release and hold harmless Hibriten High School, Hibriten Women's Developmental Soccer Camp and its coaches from any claim arising out of any injury or risk in the named individual(s). We also give permission to obtain available medical treatment in case the parent/guardian cannot be reached.

Legal Authorization for Emergency Care and acknowledgment of Disclaimer:

Name of participant(s): \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

2004 Western Regional Champions

