

# 2010 LISSETTE BRANDAO SOCCER CAMP

## 4 & 5 YEAR OLD CAMP

July 26-30, 2010 9:00am - 11:00am Bartell Field Bartell Place Clark, N.J.

**COST: \$95**

Brandao Soccer strives to emphasize the love & passion for the game through sportsmanship and leadership while improving technique and introducing tactical exercises.



### Camp Highlights

- Every player will have the opportunity to work with Portuguese International Player Lisette Brandao during on-field instruction.
- Staff who are professional educators with a fine understanding of player development
- Curriculum that covers all aspects of the game
- Special Goalkeeper Training
- Full-Time Trainer
- All players receive a Brandao Soccer t-shirt and soccer ball

### LISSETTE BRANDAO

**2008 CENTRAL JERSEY HIGH SCHOOL COACH OF THE YEAR**

Lisette Brandao is currently the captain of the New Jersey Wildcats of the W-League. She is also a member of the Portugal Women's National Soccer Team, having played in the world cup qualifying game against Italy in September 2009. In addition, Lisette is the head coach of the Johnson Regional High School girl's soccer team in Clark, New Jersey, which compiled a final record of 29-7-4 over the past two seasons. Furthermore, Lisette coaches the Freehold Lady Strikers U15 girl's soccer team and will enter her 2nd year at the helm in 2010. Lisette graduated from Rutgers University with a bachelor's degree in psychology and a master's degree in special education. She is a teacher at Johnson Regional High School and resides in South Plainfield, New Jersey. She is a USSF Class "E" licensed soccer coach.

### REGISTRATION

You must submit all of the required paperwork below postmarked by June 26, 2010 in order to receive the \$20 Early Bird Discount

- The completed Brandao registration form with payment (check or money order).
- Copy of a doctor signed physical exam.

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Email: \_\_\_\_\_ T-Shirt Size (circle): Youth S M L

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Club/Team: \_\_\_\_\_

#### MEDICAL INSURANCE:

Lisette Brandao Soccer Camp does not provide medical insurance for campers. In the event of illness or injury requiring treatment, hospitalization, or surgery, family medical insurance must be used. We require campers to be covered by some form of personal medical insurance.

Health Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

If you do not have insurance, please state that you will take full responsibility for any injury coverage.

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

#### RELEASE

I, the undersigned, individually and as parent(s) and guardian(s) of \_\_\_\_\_ a minor, ask that he/ she be admitted to participate in the Lisette Brandao Soccer Camp. In consideration of such admission, I do hereby agree to release, discharge, and hold harmless the camp, its officers, agents and employees of and from all causes, liabilities, damages, claims, or demands whatsoever on account of an injury or accident involving the said minor arising out of the minor's attendance at the camp or in the course of competition and/ or activities held in connection with the camp. I approve the use of photos and videos taken at camp for website, brochure, and advertising purposes that include my child. Campers will not be able to participate in any activities without a physical form signed by a doctor and a release form signed by a parent or guardian. We will not accept physicals taken before July 31, 2009. \*Immunization records must be completed by a family physician, school physician, or school nurse. Chapter 375 P.O. 1973 New Jersey Youth Camp Safety Act Standards 8:25-3.3. College Coaches, High School Coaches, and Special Guests are subject to change at any time. No Refunds.

#### A PARENT OR GUARDIAN MUST SIGN THE RELEASE STATEMENT BELOW

I hereby authorize the clinical staff of the Lisette Brandao Soccer Camp to provide medical care that includes routine diagnostic procedures (i.e. xrays, blood and urine tests) and medical treatment as necessary to my minor son/ daughter. I understand that the consent and authorization herein do not include major surgical procedures and are valid during camp.

X \_\_\_\_\_

Complete and return with payment to:

Brandao Soccer P.O. Box 1229 Toms River, NJ 08754

For more information please contact Lisette Brandao at 732-762-2945 or email [lissette@brandaosoccer.com](mailto:lissette@brandaosoccer.com)