

Faria Futebol Academy



Soccer Camp

August 16 - 19, 2021

4:30 PM – 7:30 PM

For Girls and Boys Entering Grades 6 thru 12

Due to such a short lead-time prior to camp starting you must call Luis Faria to pre-register for this camp. (401-263-1170)

Luis Faria, Director/Head Coach

NSCAA Premier License

MSC Boys Soccer Coach

Former Brown University Women's Assistant Soccer Coach

Director of Coaching Lusitana Sports

Location:

Mount Saint Charles Academy

Lower Field

800 Logee Street

Woonsocket, RI

Questions: Call Luis Faria @ 401 263 1170 or email farial@mtstcharles.org

Faria Futebol Academy Fee - \$175.00

****All Players will receive a T-Shirt****

2021 Faria Futebol Academy Application

Due to such a short lead-time prior to camp starting you must call Luis Faria to pre-register for this camp. (401-263-1170)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parents Cell Phone: () _____

Parent(s) Name: _____

Player Date of Birth: ____/____/____ Age at time of Camp: _____

School currently attending: _____

Parents' Email address: _____

Which school grade will you be entering in the fall of 2021? _____

Club Team Name: (if applicable): _____

Select T-shirt Size (please circle) **Youth** XL **Adult** S M L XL

2021 Faria Futebol Academy Fee - \$175

Payment in full must be included with the application.

The fee is not refundable and not transferable to another player.

Make check payable to: Faria Futebol Academy

Return application and check to:

Luis Faria, Faria Futebol Academy

81 Old Willis Rd - Cumberland, RI 02864

My daughter/Son _____ (print name)

has permission to participate in the Faria Futebol Academy.

Parent/Guardian Signature:

Faria Futebol Academy-FEATURES

- Outstanding coaching staff with an expertise in developing players to be the best they can be.
- Teaching and fine-tuning technical ability through fun and innovative training.
- This Academy is designed to enhance the fundamental techniques, concepts, and philosophies of the game in a competitive, positive, and most importantly FUN environment.

Faria Futebol Academy-GENERAL INFORMATION

Due to such a short lead-time prior to camp starting you must call Luis Faria to pre-register for this camp. (401-263-1170)

- Each player must complete the parental consent/medical form and bring it with them to the Faria Futebol Academy first day check in.
- No camper will be allowed to participate without a completed application and parental consent/medical form.
- In case of illness or injury, family insurance must be used.

Faria Futebol Academy

August 16 - 19, 2021

For girls and Boys entering grades 6 thru 12

4:30 PM - 7:30 PM

At Mount Saint Charles Academy

800 Logee Street, Woonsocket, RI

Lower Field

Dear Parents and Campers,

The following is a list of information pertaining to the Faria Futebol Academy:

- * Each camper will receive a T-Shirt during the week of camp.
- * **What to wear/bring: soccer ball, soccer cleats, soccer socks, shinguards, shorts, shirt, sunscreen, bug spray and maybe a hat.**
- * It is strongly recommended that each camper bring **large filled water jugs** each day along with a snack. No sharing drinks or snacks!
- * Check in will take place on Monday, August 16 beginning at 4:00 PM at the Mount Saint Charles Lower Field.
- * Campers should arrive between 4:15 PM and 4:25 PM each afternoon and be picked up at 7:35 PM
- * Enclosed is an Insurance Waiver Form/Parental Consent/Medical Form to be filled out. Please bring this form with you to registration. No camper will be allowed to participate without the completed Insurance Waiver Form/Parental Consent/Medical Form.
- * In case of illness or injury, family insurance must be used.
- * Feel free to phone me at 401 263 1170 with any questions.

My staff and I look forward to meeting parents and campers and making August 16 - 19, 2021 A Great Soccer Experience!

Sincerely Yours,

Luis Faria
Director/Head Coach

Faria Futebol Academy

August 16 – 19, 2021

Insurance Waiver Form/Parental Consent/Medical Form

The [Faria Futebol Academy](#) requires that each participant provide proof of Health Insurance coverage. You must bring this form with you to registration on August 16.

Name _____
Name of Insured _____
Relationship _____
Insurance Company _____
Policy Number _____

I hereby acknowledge that I am legally responsible for any and all medical expenses incurred by my daughter/son during her enrollment in the [Faria Futebol Academy](#).

Parent/Guardian Signature _____ Date _____

CONTACT AND MEDICAL INFORMATION

Name of parent or guardian _____
Address _____
City _____ State _____ Zip Code _____
Home Phone _____ Office Phone _____
Cell Phone _____
Another name and phone number in case of an emergency: _____

Which, if any, of the following has the camper had? If no, write no.

Asthma _____ Heart Condition _____ Hay Fever _____ Convulsions _____
Diabetes _____ Rheumatic Fever _____ Concussion _____ Fainting _____
Operations _____
Latest Tetanus Booster _____

Is the camper now under medical care for any condition?

Is the camper allergic to any medications?

Other pertinent information: _____

Parent/Guardian Signature _____
Date _____