



## MICKEY KYDES PRO SOCCER CAMP 2024

### Celebrating Our 30th Year Anniversary

*Dear Camper(s) and Parent(s):*

I would like to welcome you to the thirtieth annual Mickey Kydes Pro Soccer Camp. My coaches and I are very excited to have you on board. The camp will give you the opportunity to meet kids from all over the Connecticut and New York state area while becoming a better soccer player. Enclosed you will find camp reminders, directions to Wakeman Fields and a Health Exam Form. The health form must be completed and **submitted at registration** in order to participate. DO NOT MAIL HEALTH FORM.

**Please carefully review all information enclosed!**

**CONFIRMING FULL DAY CAMP WEEK - July 8 – July 12, 2024**

#### **REGISTRATION:**

It is mandatory to hand in the camper **Health Exam Form at registration**. At registration you will receive a camp ball, T-shirt, and water bottle. Registration will be at Wakeman Fields:

**Monday July 8, 2024 8:15 am to 8:50 am On Site**

*Camp will begin at **9:00 am** sharp on Monday*

Please keep in mind there is plenty of water on-site. We are looking forward to meeting, you as we work together and spend the week playing soccer. See you at camp.

Sincerely,

*Mickey Kydes*  
Program Director

*Enclosure*

**Please Note:** All confirmation emails are sent out separately prior for each week registered.

**THINK, ACT, BE CREATIVE**



## MICKEY KYDES PRO SOCCER CAMP 2024

### CAMP REMINDERS

#### CAMP SCHEDULE:

Week: Monday, **July 8** through Friday, **July 12, 2024**  
Hours: 9:00 am to 3:00 pm Monday – Thursday  
**9:00 am to 1:00 pm on Friday**  
Lunch: 11:45 am to 12:30 pm

#### DROP OFF AND PICK UP LOCATION: Parking lot at Wakeman Park at Tent

**Drop off:** 8:30 am – 8:50 am

**Pick up:** 3:00 pm – 3:15 pm

**Friday Pick up:** 1:00-1:15 pm

#### MANDATORY – STATE HEALTH CODE

**Health Forms are attached or go to [www.kydessoccer.com](http://www.kydessoccer.com) – Soccer Camps – Health Forms**

- **Health Exam Form** completed by a physician (dated within 36 months prior to date of camp) must be turned in at registration. Please include immunization records on form. (copies of current school medical form can be accepted)
- **Lunch** – All Lunches must be refrigerated and we will provide refrigeration service for all labeled lunch bags. We highly recommend you bring all other drinks/snacks in cooler to be kept with the camper on the field.
- If your child requires **Emergency Medication to be Administered** by our athletic trainer **we need to have a written order by a physician and a parent or guardian's authorization.** (Download form at our web site)

#### PLEASE REMEMBER TO BRING:

- ✓ **LUNCH! (All campers must bring their own lunch and drink)**
- ✓ Bring Snacks!
- ✓ Soccer Shoes
- ✓ Sneakers (**in case of inclement weather we will go indoors**)
- ✓ Shin-guards
- ✓ Sunscreen
- ✓ Hand Sanitizer
- ✓ Water on site to refill water bottle

#### NOTES

1. **If your child requires medical attention** please see our athletic trainer on the first day of camp.
2. **If there are any problems** concerning camp or your child please see us immediately.
3. **Indoor shelter** available at this camp – but camp may be canceled due to inclement weather.
4. **Office: 203-852-6969**

**ALL Player Medications must be clearly labeled in the original container and given to Trainer on site with the Authorization for Administration of Medicine Form (on MKSE website)**

**HIGHLIGHTS: JOIN US! We encourage you to come and view any or all sessions.**

Friday – 7/8      12:15 – 1:00 pm      **Closing Ceremonies** and awards for all campers!

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## MICKEY KYDES PRO SOCCER CAMP 2024

### DIRECTIONS TO WAKEMAN PARK SOCCER FIELDS

*134 Cross Highway  
Westport, CT 06880*

#### From Merritt Parkway

**From Merritt exit 42:** (Westport) Head east towards Westport on Weston Rd. The road forks almost immediately, slow down and look to move left towards the stop sign. At the stop sign (four-way) go straight, continuing on Weston Road. Continue on Weston Road until it ends in a T-intersection with Cross Highway. Make a left at the stop sign onto Cross Highway. Go straight at the next stop sign, continuing on Cross Highway. The entrance to Wakeman Park is on the right about 1/4 mile from the stop sign.

#### From I-95 Thruway

**From I-95 exit 18:** (Westport / Sherwood Island) Head west towards Westport. Follow the Connector until it ends at a T-intersection with the Post Road (Route 1), this will be at the second light. Turn right onto the Post Road. At the 1<sup>st</sup> light take a left onto Cedar Road, then take a right onto Long Lots Road. Follow until first stop sign. Turn left onto North Avenue and continue north (you'll pass Staples High School on the right) to the first stop sign. Make a right onto Cross Highway. Entrance to Wakeman Park is about 1/4 mile from the stop sign, on the right.

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## MICKEY KYDES PRO SOCCER CAMP 2024

### YOUTH CAMP HEALTH EXAM/RECORD FOR CAMPERS AND STAFF Physical Exams Are Valid For 3 Years From Date of Last Examination

☐ Camper  
☐ Staff

**Please Return Completed Form to the Camp**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Guardian \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Arrival at Camp: \_\_\_\_\_ Departure Date: \_\_\_\_\_

### TO BE COMPLETED BY THE SPECIFIED MEDICAL PRACTITIONER:

**Date of Exam** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

\_\_\_\_\_ May participate in all camp activities

\_\_\_\_\_ May participate except for: \_\_\_\_\_

Medical information pertinent to routine care and emergencies: \_\_\_\_\_

Is this individual taking prescription or over the counter medication(s)? ☐ YES ☐ NO If yes, indicate names of medication(s): \_\_\_\_\_

Does the individual have allergies? ☐ YES ☐ NO Explain: \_\_\_\_\_

Is the individual on a special diet? ☐ YES ☐ NO Explain: \_\_\_\_\_

Does the individual have special needs? ☐ YES ☐ NO Explain: \_\_\_\_\_

This camper/staff is up-to-date on all the following routine childhood immunizations currently recommended by the American Academy of Pediatrics and National Advisory Committee on Immunization Practices:

|            | Yes | No |                        | Yes | No |
|------------|-----|----|------------------------|-----|----|
| Measles    |     |    | Hepatitis B            |     |    |
| Mumps      |     |    | Diphtheria             |     |    |
| Rubella    |     |    | Pertussis              |     |    |
| Chickenpox |     |    | Pneumococcal conjugate |     |    |
| Tetanus    |     |    | Polio                  |     |    |

Comments: \_\_\_\_\_

Print name of medical care provider: \_\_\_\_\_

Medical care provider's address: \_\_\_\_\_

Medical care provider's: City/Town \_\_\_\_\_ ST \_\_\_\_\_ Zip Code \_\_\_\_\_

\_\_\_\_\_  
Signature of Physician, PA, APRN or RN

\_\_\_\_\_  
Date Form Signed

\_\_\_\_\_  
Telephone Number

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