25th Annual 2025 Mark Ludwig's Soccer Academy

•CAMP INFORMATION•

Date/Location:

Sunday, July 27 - Wednesday, July 30 Millersville University

40 Dilworth Rd.

Millersville, PA 17551

Check-In/Out:
12:30 - 1:30 PM on Sunday, July 27
12:30 on Wednesday, July 30

Fees:
Residential Individual Camper - $495
Team Sending 15-21 campers - $485
Team Sending 22+ campers - $475 **ALL RESIDENTIAL CAMPERS WILL BE HOUSED IN ROOMS OF 2-4** (assigned by HS coach)

***A $200 non-refundable deposit is required for campers**

Make checks payable to:
Molly Myers (who will then be sending one collective check to Mark Ludwig's Soccer Academy)
Address: 367 Westview Drive, Elizabethtown, PA 17022

Send application to:
Molly Myers
Email: mmyers@mand.com

Deadline: May 31, 2025
Contact: Molly Myers
Email: mmyers@mand.com

SPECIAL CAMP FEATURES

College Coaches for EACH TEAM
Excellent Curriculum for ALL Teams **4 Training Sessions/Circuit Training** 2 Team Bonding Activities
4 Competitive Team Games
College Player Symposium
3 Full Sized Turf Fields

Typical Daily Schedule

7:30 – 8:00 Breakfast
8:30 – 11:00 Morning Training /Team Bonding
11:15 – 12:00 Lunch
1:30 – 3:15 Circuit Training w/ ALL College Coaches
3:15 - 4:00 Team Tactical Talk
4:00 - 4:45 Rest
4:45 –5:15 Dinner
6:30 –10:00 Team Games

Mark Ludwig's Soccer Academy – TEAM CAMP

High School: _____

Name: _____ **Birth Date:** _____/_____/_____ **Age at time of camp:** _____

Email:_____

(PLEASE WRITE LEGIBLY & USE A VALID EMAIL ADDRESS – THIS ADDRESS WILL BE USED FOR THE CONFIRMATION EMAIL)

Address: _____

City: _____ **Grade in Sept. 25:** _____ **State:** _____ **Zip:** _____

Position: _____

Goalkeeping Training (optional): Yes No (circle one) **Height:** _____ **Weight:** _____

Phone: (_____)_____ Parent/Guardian: _____

T-Shirt Size: (circle one): AS AM AL AXL AXXL

Optional Nike/Addidas Camp Ball (+$25-$40 value): Yes or **No**

Emergency Contact: _____ **Phone: (____)**_____

Family Doctor: _____ **Phone: (____)**_____

Insurance Company: _____ **Policy Number:** _____

Additional Medical Information: _____

_____

My child is in excellent physical health and capable of participation in strenuous physical activity. I hereby give my approval to his participation in the **Mark Ludwig Soccer Academy**. I understand that I will be responsible for any injuries to my child resulting from or in connection with camp activities. I hereby release, absolve, and hold harmless the **Mark Ludwig Soccer Academy**, its directors, coaches, sponsors, and supervisors.

Signature: _____ **(Parent/Guardian)**