



Soccer 360

Development Camp

July 6th-9th, 2026

Location-NAC High School

Ages: Students entering 9th-12th grade (fall 2026)

6pm-8pm

\$90 Per Camper (includes- Camp T-shirt and Preseason Preparation Packets)

NEW THIS YEAR- TWO-DAY OPTION-(for athletes that are only available 2/4 nights of Camp) =\$60 per participant



The Soccer 360 Development Camp will be hosted at NAC High School, providing an incredible opportunity for participants to kick off their summer with a week of advanced soccer instruction from a highly experienced coaching staff. At Soccer 360, our goal is to help each camper become a more well-rounded player. Whether you're a Goalie, Defender, Midfielder, or Forward, we'll focus on developing skills specific to each position. The camp will emphasize the Player Pyramid—key skills that make up a complete soccer player—and will also address the mental, physical, tactical, and social aspects essential at the high school level. Campers will take part in soccer-related fitness training to prepare physically for the long fall season ahead. Soccer 360 is not only a chance to sharpen skills, but also a chance to bond with friends, gain valuable knowledge, and improve physical fitness. Participants will walk away with more than just skills—they will also receive a camp T-shirt and a Preseason Preparation Packet. No matter the player's prior experience or knowledge of soccer, our goal is for every camper to leave the camp a better soccer player in a fun, safe, and healthy learning environment. Get ready for a week of high-quality instruction and unforgettable soccer action!

Contact Information

Coach Ian Spear
Phone Number: 518-594-7060
Email: ispear@nacs1.org

Things to Bring

(Bold= Must Have)

Comfortable clothing for the day

Footwear- cleats or sneakers (both if you have them)

Shin Guards

Sunscreen

Water Bottle (There will be places to refill throughout the day)

**Sign Up
Sheet on
the Back**

How to Sign Up

1. Complete Participants Sign Up Sheet (Below)
2. Include Cash or Check (If using a check please make sure it is made out to "Ian Spear" with Soccer 360 in the memo line)

Options for Turning in Paperwork/Payment

1. Mail

Ian Spear

Northern Adirondack CSD

P.O. Box 164

Ellenburg Depot, NY 12935

2. Drop off at NAC High School Main Office

Participants Sign Up Sheet-

Name(s) - _____

Date of Birth- _____

Age- _____

Medical Waiver Form (All campers must fill out before participation) - *This form will be sent to you after I receive the Sign Up Sheet and payment. It is important that we have all of these forms before June 26th (So the correct number of shirts and packets are available for all campers).*

T-shirt Size (**Youth/Adult-S-XXL**)- _____

Parent or Guardian Name- _____

Email- _____

Phone number (best way to contact you) - _____

Emergency Contact (name)- _____

Phone Number- _____

Relationship to participant- _____

Include \$90 per participant (2 campers \$180, 3 campers \$270, etc.)

NEW THIS YEAR- TWO-DAY OPTION-(for athletes that are only available 2/4 nights of Camp) =\$60 per participant (2 campers \$120)- **Circle days camper will be attending-**
Monday Tuesday Wednesday Thursday

Methods of Payment

- Cash

- Check- Make check out to Ian Spear- in the memo line please include 'Soccer 360'

Soccer 360

Camp Medical History/ Medical Waiver

Participants Name- _____

Any Medical Concerns/Medication Requests- **YES or NO (circle one- If yes please explain in the lines below).**

Please note: If it is necessary for your child to take medication during camp hours, a doctor's order with a bottle of the ordered medication (prescription and/or over the counter) is required by New York State Law in order for the camp nurse to dispense it. In addition, a parent/guardian is required to transport medications to camp as they CANNOT be transported by campers at any time.



PLEASE Check this box and indicate if you camper has any food allergies below.

Soccer 360 Medical Waiver

I _____ **(Parent/Legal Guardian of Participant)** understand that anyone associated with the Soccer 360 Development Camp and/or Northern Adirondack CSD is not responsible for accidents incurred as a result of participation in this program.

_____ **(Participants Name)** is in good health and able to participate in the physical activity of a vigorous program. In the event of injury or illness, the staff has my permission to provide medical care.

Signature of parent or legal guardian-

_____ Date _____