PRIDE Soccer Club

"Doing what's right for kids"

www.pridesoccer.com 2660 Vickers Dr, Colorado Springs, CO 80918 719-597-6700 Fax: 719-597-4040

College Prep Camp 2010	Focusing on the College Bound Athlete. Training will be provided by NCAA Division I, II & NAIA College Coaches. Sessions will include Q&A and insight into the recruiting process for the high school age player. Available to Elite and Premier level players only.
Location:	Pride Soccer Complex: Woodmen Rd East, 1st right past Marksheffel Rd on Mohawk
Dates & Times:	Monday- Friday July 5-9th 9:00am – 12:00pm Reg Deadline: June 30th
Age & Level:	U15 – U18 Players (recommended for Premier and Elite level Players)
Cost:	$285 ($20 late fee after deadline) Placement not guaranteed until payment is received. Space is limited in this camp. Pride Soccer reserves the right to wait list any applicant if the camp has reached full capacity.
What to bring:	Bring Water Bottle and a Ball
Payment Information:	Make checks payable to Pride Soccer and mail to 2660 Vickers Dr, Colorado Springs, CO 80918 or fax to 719.597.4040 with credit card information

Player Information:

Name: _____ **Home Phone:** _____

Address: _____ **Gender** _____ **Birth date**_____/_____/_____ **Zip:** _____

Mothers name_____ **Work** _____ **Cell** _____

Fathers name_____ **Work** _____ **Cell**_____

Team Information: **Team Name:** _____ **Age Group: U**_____ **Coach:** _____

1st email:

*writing in your email constitutes permission for us to contact you. We do not sell or give out email addresses. All announcements are done through email. Please give us all addresses that will be checked daily

2nd email:

Consent for Emergency Medical Treatment and Permission to Play: The undersigned gives consent for my child to participate in Pride Soccer Camps. I further agree to hold Pride Soccer Camps, coaches and managers harmless for all claims or actions due to personal, property or injury, which may result from my child's participation. In the event I cannot be reached, I hereby give permission to the physician selected to seek treatment for my child.

Parent's Signature: _____ Date

O Visa O MasterCard O Discover O Am Express **Name on Card:** _____

Act# _____ **Exp** _____ **V Code:** _____

For Office Use Only:
Registration Fee _____ Late Fee _____ Total _____ Cash _____ Check # _____ Ap # _____ Reg# _____ Int _____ Date _____