PRIDE SOCCER CLUB

"Doing what's right for kids"

www.pridesoccer.com shudson@pridesoccer.com 719-597-6700 ext 204

COMPETITIVE GIRLS WINTER CLINIC 2009	**These clinics are designed around challenging skill-building activities and competitions. Our coaches are well trained and follow age appropriate curriculum. The emphasis is on individual skill developmental and fun in order to inspire and motivate young players.**
Location:	**COLORADO SPORTS CENTER (SOC N ROLL) 16240 Old Denver HWY Monument, CO 80132**
Dates & Registration Deadlines:	**THURSDAYS Dec 3, 10, 17 Jan 7, 14, 21 (Registration Deadline: FRIDAY November 20th, 2009)** **6 THURSDAY SESSIONS (NO CHRISTMAS 12/24/09 OR NEW YEARS 12/31/09 SESSION)**

Camp Information:

Age	Time	Price before Deadline	Price after Deadline
U10 OPTION 1 --- U11	5PM – 6:30PM	$135	$155
U12 --- U14	6:30PM – 8PM	$135	$155

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: Age Group: U10 OPTION 1____ U11____ U12____ U13____ U14 ____

Name:_____ **Address:** _____ **Zip:** _____

Birth date_____/_____/_____ **Gender:** ____ **Home Phone:**_____ **Work:**_____ **Cell:** _____

Email: *

2nd 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.

Team Information: Team Name: _____ **Coach:** _____

Consent for Emergency Medical Treatment and Permission to Play:
The undersigned gives consent for my child to participate in Pride Soccer Clinics. 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: _____

Credit Card Information: O Visa O MasterCard O Discover O Am Express

Act #_____ Exp _____ Security Code: _____

For Office Use:
Amount _____ Chk#_____ Ap#_____ Reg#_____ Date_____ Initials _____