PRIDE SOCCER CLUB

"Doing what's right for kids"

www.pridesoccer.com hward@pridesoccer.com 719-597-6700

Spring Break 2010 Camps	**These camps are designed around challenging skill-building activities and competitions. Our coaches are well trained and follow a strict age appropriate curriculum. The emphasis is on individual skill developmental and fun in order to inspire and motivate youth players.**
Location:	**Pride Soccer Complex: Woodmen Rd East, 1st right past Marksheffel Rd on Mohawk**
Dates & Registration Deadlines:	**Monday through Friday March 22-26, 2010 (Registration Deadline: March 15, 2010)**

Camp Information:

Age	Time	Price before Deadline	Price after Deadline
U4-U6 Developmental	9:00-10:00am	$65	$85
U7-U12 Developmental	9:00-10:30am	$95	$115
U9-U10 Cross Quad/Option 1	9:00-11:00am	$120	$140
U11-U14 Competitive	9:00-11:00am	$120	$140
Goalkeeping	9:00-10:30am	$95	$115

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: U4-U6 ____ U7-U12 Dev. ____ U9-U10 Cr.Q/Opt 1 .____ U11-U14 Comp.____ GK ____

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 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: _____

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 _____