



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 2007	Focusing on the College Bound Athlete. Training will be provided by NCAA Division I, II, III & NAIA College Coaches. Sessions will include Q&A and insight into the recruiting process for the high school age club player. Available to Elite and Premier level players only.
Location:	Pride Soccer Complex: Woodmen Rd East, 1 st right past Marksheffel Rd on Mohawk
Dates & Times:	Boys: June 25 – 29 9:00am – 12:00pm Registration Deadline: EXTENDED: June 19 Girls: July 9 – 13 9:00am – 12:00pm Registration Deadline: June 26
Age & Level:	U15 – U18
Cost:	\$250 (\$20 late fee after deadline) Placement not guaranteed until payment is received. Space is limited in all camps. 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

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2nd email:

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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 _____

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