PRIDE SOCCER ACADEMY

Training for Excellence

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PSA Competitive Winter 2009 "School of Excellence"	**The PSA Competitive curriculum will focus on the execution of technical skills in pressure situations and advanced small group tactics. The goal of PSA competitive will be to ensure that by the time our players have reached high school they have been exposed to all of the core technical skills and tactical concepts necessary to be a high level soccer player.**
Location:	**Pride Soccer Complex: Woodmen Rd East, 1st right past Marksheffel Rd on Mohawk**
Dates:	**Saturdays and Sunday: January 24, 25, 31 February 1, 7 Make up dates: February 8, 14, 15**
Times:	**12:30-2:00 pm**
Age & Level:	**U11-U14 Boys & Girls Competitive Players ONLY. (Premier, Classic & Challenge level welcome)**
Cost:	**$125 New to Competitive PSA $100 Alumni to Competitive PSA (have the BLUE jersey)**
Registration Fee Includes:	• **5 sessions with the most qualified coaches at the club on the best playing surface in town.** • **Adidas Squadra II Jersey**
Uniform:	**All Players must wear the PSA Squadra II Jersey provided with the registration fee. Players must also wear Black Shorts & Black Socks**
Registration Deadline:	**January 20, 2009 (No Refunds after deadline. $20 late fee if received after registration deadline)**
Goalkeepers:	**Goalkeepers specific training groups placed separately**
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: Goalkeeper Training Check here: ☐ **Age Group: 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:** _____

Uniform Information: (Please Circle) Jersey : YL YXL AS AM AL

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 **Amount Enclosed: $100 ___$125 ____ Late Fee $20____**

Act #_____ Exp _____ V Code _____

For office use: Amount _____ **Chk #** _____ **Ap #** _____**Reg #** _____ **Date** _____**Initials**_____