



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

Pride Developmental Soccer Fall 2008	Our Developmental program is for any player ages 4-18, regardless of experience. The program places an emphasis on skills and sportsmanship in a fun and safe environment for all. Teams are formed by area, neighborhoods or schools.																														
Season Date:	Games begin Sept. 6 th and run through Oct. 25th for U4-U12 U4-U12 games are on Saturdays (make up games are played on Sundays) U13-U18 games are played during the week starting the week of Sept. 29th																														
Registration Fee:	<table border="0"> <tr><td>U4</td><td>Born between Aug. 1, 2004 and July 31, 2005</td><td>\$40.00</td></tr> <tr><td>U5</td><td>Born between Aug. 1, 2003 and July 31, 2004</td><td>\$40.00</td></tr> <tr><td>U6</td><td>Born between Aug. 1, 2002 and July 31, 2003</td><td>\$40.00</td></tr> <tr><td>U7</td><td>Born between Aug. 1, 2001 and July 31, 2002</td><td>\$55.00</td></tr> <tr><td>U8</td><td>Born between Aug. 1, 2000 and July 31, 2001</td><td>\$55.00</td></tr> <tr><td>U9</td><td>Born between Aug. 1, 1999 and July 31, 2000</td><td>\$85.00</td></tr> <tr><td>U10</td><td>Born between Aug. 1, 1998 and July 31, 1999</td><td>\$85.00</td></tr> <tr><td>U11</td><td>Born between Aug. 1, 1997 and July 31, 1998</td><td>\$95.00</td></tr> <tr><td>U12</td><td>Born between Aug. 1, 1996 and July 31, 1997</td><td>\$95.00</td></tr> <tr><td>U13-U18</td><td>Born before Aug. 1, 1996</td><td>\$95.00</td></tr> </table>	U4	Born between Aug. 1, 2004 and July 31, 2005	\$40.00	U5	Born between Aug. 1, 2003 and July 31, 2004	\$40.00	U6	Born between Aug. 1, 2002 and July 31, 2003	\$40.00	U7	Born between Aug. 1, 2001 and July 31, 2002	\$55.00	U8	Born between Aug. 1, 2000 and July 31, 2001	\$55.00	U9	Born between Aug. 1, 1999 and July 31, 2000	\$85.00	U10	Born between Aug. 1, 1998 and July 31, 1999	\$85.00	U11	Born between Aug. 1, 1997 and July 31, 1998	\$95.00	U12	Born between Aug. 1, 1996 and July 31, 1997	\$95.00	U13-U18	Born before Aug. 1, 1996	\$95.00
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Price does not include uniform																															
Multiple Child Discount: \$5 per player after first child																															
Uniforms: New players must purchase a new uniform	Additional \$35.00 plus 7.4% tax Uniform Kit: 2 shirts, 1 pair of shorts and 1 pair of socks. All Pride players must wear Pride uniforms. Players must pick up uniforms at the Pride Office.																														
Registration Deadline:	July 18, 2008 (\$10.00 late fee will be charged and placement is not guaranteed if payment and registration are not received by this date)																														
Refund Policy:	Refunds available (minus a \$20.00 service fee) prior to the season. After the first game no refunds will be issued.																														
Proof of Age:	Birth Certificate, Passport or Military I.D. required for all new players.																														
Payment Information:	Make checks payable to Pride Soccer and mail or come to the Pride Office 2660 Vickers Dr. Colorado Springs, CO 80918 before July 18, 2008 or fax to 719-597-4040 with credit card information.																														

Player Information:

New _____ Returning _____ Gender _____ Birth date ____/____/____

Name: _____ Home Phone: _____

Address: _____ Zip: _____ School _____

Mothers name _____ Work _____ Cell _____ Email _____

Fathers name _____ Work _____ Cell _____ Email _____

Previous Coach _____ Requests: _____ would you like to coach? _____

*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.

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

For Office Use Only: Registration Fee _____ Discount _____ Late Fee _____ Uniform _____ Tax _____ Total _____

Cash _____ Check # _____ Ap # _____ Reg# _____ Int _____ Date _____

Visa MasterCard Discover Am Express Name on Card: _____

Acct# _____ Exp _____