

# Parkview Vikings



## Kid's Soccer Camp

Monday, August 4<sup>th</sup> – Wednesday, August 6<sup>th</sup>, 2008  
6:00 – 8:00 P.M.

Come join us at the 2007 Parkview High School Soccer Camp!

- All levels of players welcome and encouraged to attend
- Registration open to individual players and/or team registrations (Pre-K through 8<sup>th</sup> grade)
- Coached by PHS staff and players
- Low player/coach ratio
- Positive reinforcement
- T-Shirt and Snacks for campers

This camp is offered to give every boy and girl the chance to improve their skills and become a better player. We are proud of our program and want you to meet our awesome PHS players and coaching staff. All money raised goes towards improvements to our field or to help our program.

Campers need to bring: a "Soccer Attitude", water bottle w/name, soccer ball, shin guards and cleats or tennis shoes. This year we will meet on our field which is west of the JFK Stadium and just south of the skate park on Thelma.

The cost is \$35.00 (checks payable to PHS Soccer Booster Club), if you have any questions please call LaDonna Hansen at 773-2675 (forms also available on [www.soccerphs.com](http://www.soccerphs.com)).



## PHS Soccer Camp Registration Form

August 4<sup>th</sup> – August 6<sup>th</sup>  
6:00 p.m. to 8:00 p.m.

**Registration & Check in begins at 5:30 on August 4<sup>th</sup> at PHS Soccer Field**  
(Pre-registration guarantees t-shirt before the end of camp – mail registration to the address below)

Personal Information	
Full name	
Nickname	
Home address	
Home phone	
Grade in fall 2007	
Age	
Previous Soccer Experience	
Parents Name	
Cell Phone	
T-shirt Size (Circle One)	<b>Youth S M L Adult S M L XL</b>
Team Name (For team registration only)	

**Personal Information**

**Emergency and Medical Information**

In case of emergency, contact

Emergency contact's relationship

Emergency contact's phone

Doctor's name

Doctor's phone

**Medical Release**

We, the parent(s) of \_\_\_\_\_ acknowledge that our child will participate in athletic activities that could lead to injury. I give permission for him/her to participate in this soccer camp and acknowledge that he/she is physically able to participate.

Parent(s) signature \_\_\_\_\_ Date \_\_\_\_\_

Parkview Player that encouraged me to attend:

**Mail Pre-Registration to:**

LaDonna Hansen

3789 W Overland, Springfield MO 65807

