

Parkview Vikings



Kid's Soccer Camp

**Monday, August 9th – Wednesday, August 11th, 2010
6:00 – 8:00 P.M.**

Come join us at the 2010 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 – 8th 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 \$40.00 (checks payable to PHS Soccer Booster Club), if you have any questions please call Gail Smart at 869-2536 (forms also available on www.soccerphs.com).



PHS Soccer Camp Registration Form

August 9rd – August 11th
6:00 p.m. to 8:00 p.m.

Registration & Check in begins at 5:30 on August 9rd 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 2010	
Age	
Previous Soccer Experience	
Parent's Name	
Cell Phone	
T-shirt Size (Circle One)	Youth S M L Adult S M L XL
Team Name (For team registration only)	

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: Gail Smart
1213 S WELLER AVE,
Springfield MO 65804