

SOCCER CAMPS 2010

Boys and Girls Ages 5-14

The TLSC camp is a unique and exciting opportunity for teams and individuals to experience specialized soccer techniques, advanced instructions and physical training necessary to help them achieve a higher lever of play. Space is limited to each session so please sign up immediately.

CAMP DATES

- Session 1 • June 7—11
 - Session 2 • June 14—18
 - Session 3 • June 21—25
 - Session 4 • June 28—July 2
- ~~~ Pizza Party on Friday ~~~

CAMP COST

\$99

per camp/player

when registration & payment are received
3 weeks before start of camp date(s).

All camps will be held at
Fairview Soccer Complex
 3716 County Road 317, McKinney, Texas 75069
 south of McKinney Airport
8:30am to 11:30am
If location changes an email will be sent.

- Player must wear soccer shoes, shin guards, shorts & t-shirt and bring a ball and plenty of water.
- If a camper withdraws from camp for any reason before camp begins, all funds paid to date will be returned minus a \$25 administrative fee. No refunds will be returned once a camp begins.
- Confirmation of enrollment in camp will be returned via email.
- \$30 late fee when registering within 20 days prior to camp session.
- Snacks and a t-shirt are included.

For more detailed directions to Fairview Soccer Complex
 visit www.longhorns.org under
 Club Information • Field Maps & Directions.

CONTACT: COACH JUAN SASTOQUE • 469-231-1057 • JBSASTOQUE@GMAIL.COM
 Or Administrator—Bettina • 214-683-6746 • Fax: 972-838-1336

Please file out 1 form per player participating in the Texas Longhorns Soccer Club • Soccer Camp 2010 and send with payment to:
 Juan Sastoque • 622 Hanover • Allen Texas 75002.
 Make checks or money order payable to: The Texas Longhorns Soccer Club (TLSC). Include players name on payment.

Players Name _____	Nickname _____	DOB _____		Session 1	\$ _____
Team Name _____	Coach _____	Coach email _____		Session 2	\$ _____
Address _____	City _____	Zip _____		Session 3	\$ _____
Cell # _____	Home # _____	Alt # _____		Session 4	\$ _____
Parent's Name _____			Email: _____	Total amount \$ _____	
List any medication: _____					
Food allergies _____					
				Shirt Size _____	_____
				YS YM YL AS AM	

I, AS Parent/Guardian, authorize any first aid or emergency medical care that may become necessary for my child/ward while he/she is participating in the TLSC "Soccer Camp 2010". In consideration of the acceptance of my child/ward's entry into the session, I, my heirs, executors, administrators and personal representatives hereby discharge, waive and release Juan Sastoque, Sammy Olali, Texas Longhorns Soccer Club, Inc., Soccer Studio, AYSES LLC., partners, sponsors, coaches, agents, employees, and facility owners from any Liability, Claims, Damages or Lawsuits resulting from personal or physical injury to my child/ward.

I certify that my child/ward is not a member of a North-Texas State Soccer Association. I am aware that if my child is a member of a NTSSA, I am required to have the coach of that team read and sign the non-recruiting statement available at www.ntxsoccer.org to be able to participate in any TLSC training, camp or skills event.

I have read and understand the above- mentioned disclaimer and medical release.

Parent Signature _____ Date _____