## 2012 CORE SOCCER ACADEMY WYOMING Summer Camp

(10 YEAR ANNIVERSARY)

## 2012 Laramie & Lander Summer Camp

We are excited to announce this years Core 2012 Laramie and Lander Summer Camp information. For ten years Core has been implementing camps for all levels and abilities. We pride ourselves with our detailed camp curriculum and the fun experience that players have year after year. It is so important that players enjoy their camp experience as this will help enhance their love and passion for soccer. Our fun and experienced coaching staff have dedicated this week for complete player development and player experience. This five day camp has been designed to create an intense, detailed and a very competitive learning environment for each player. Each day the players will be subjected to individual skill training that will focus on ball mastery, dribbling techniques, skill moves, passing accuracy, shooting games, possession drills, tactics and small sided games. Do not miss out on this years exciting 10 year celebration of camps. Each player will receive a personal player evaluation, camp T-shirt plus a great soccer camp experience.

Camp 1 - Laramie Camp - June 18th - 22nd (ages 6 - 18) Cost \$210 - Camp Time 10:00-1:00pm Location: Laramie TBA Camp 2 - Lander Camp - July 30th - 3rd August (ages 6 - 18) Cost \$140 - Camp Time 9:00-11:00am for U6 - U10 Cost \$180 - Camp time 9:00-11:00pm / 3:00 - 4:30pm for U11-U18 (double camp) Location: Hosted by Lander Strikers Core Soccer Academy 1502 Tang Ct, Fort Collins, CO, 80526 Tel: 970-207-1886 Fax: 970-207-1486 www.coresoccer.com 2012 Laramie & Lander Summer Camp Registration Parents release for medical treatment: Laramie Camp:\_\_\_\_\_ Lander Camp:\_\_\_\_ My child has my permission to play soccer. On my child's behalf I here-Name: by release persons with Core Soccer of liability for injury from risks \_\_\_\_ Male / Female DOB normally associated with playing or watching soccer. I authorize the Age: Tshirt size YM\_\_\_\_YL\_\_\_YXL\_\_\_AS\_\_\_AM coaches or training officials to obtain medical attention for my child in Address: case of any emergency if unable to reach the physician stated below, City: Zip: and I release them from any responsibility for such medical attention. Parent/Guardian's Name/s: Phone (Home) Parent/Guardian signature: Emergency Phone # Name of Physician: Email Address Phone: Payment: Please list any known ALLERGIES, DISABILITIES, or MEDICAL PROB-\$50 Non-refundable deposit due with registration. Full payment within LEMS: 2 weeks before start of camp. Payment plans available. Deposit \$50: Payment in Full: Credit Card # Exp. Date Signature Name on Card: