

# Pearland United 2011 Winter Skills Camp



Hosted by Pearland United Soccer Club for ages 5-14, these skills camps give you the opportunity to improve your soccer skills while having fun at the same time!

## **DATES:**

- December 19<sup>th</sup> through December 22<sup>nd</sup> at **Centennial Park**;

## **FEE:**

- \$60 per player
- \$10 discount available to 2 or more siblings
- \$55 per player (team registration of 5+ players)

*Please send email to [eopot@sipped.com](mailto:eopot@sipped.com) with team name and list of player attending.*

## **TIME:**

- 10:00-12:00 am

## **WHAT IS OFFERED:**

- Technical skills
- Small-sided games
- Street soccer
- Goal scoring games
- Pearland United Soccer Club Camp t-shirt

## **WHAT TO BRING:**

- Cleats and shin guards
- Full container of water
- Appropriately-sized and inflated soccer ball

**If you are interested in participating in these skills sessions, please fill out the 2011 Winter Skills Camp Registration Form and return it to Pearland United Soccer Club no later December 15 (in order to avoid the \$5 late fee).**

You can also register at <http://www.stx-psc.affinitysoccer.com/reg/index.asp?sessionguid=>

# Pearland United 2011 Winter Skills Camp



## REGISTRATION FORM

Please print out this form, fill it in completely, and mail it with your check (made payable to Pearland United Soccer Camps) to the following address: Pearland United, P.O. Box 517, Pearland, Texas 77588-0517

Acceptance of your registration and payment will be confirmed via email. If you do not receive a confirmation, please send an e-mail to [eopot@sipped.com](mailto:eopot@sipped.com) to verify that your registration and payment have been received. Any other questions can be directed to Evans Opot at 832-971-3414.

TEAM REGISTRATION (Y/N): \_\_\_\_\_  
TEAM NAME/AGE GROUP: \_\_\_\_\_

PLAYER NAME: \_\_\_\_\_

AGE AT START OF CAMP: \_\_\_\_\_

GENDER: \_\_\_\_\_

LEVEL OF PLAY (PLEASE CIRCLE): RECREATION TEAM, SELECT TEAM

PARENT/GUARDIAN NAME: \_\_\_\_\_

HOME PHONE NUMBER: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

PRE-EXISTING MEDICAL CONDITIONS: \_\_\_\_\_

T-SHIRT SIZE (PLEASE CIRCLE): YS YM YL YXL AS AM AL AXL

AMOUNT OF PAYMENT: \_\_\_\_\_

CHECK #: \_\_\_\_\_

I hereby authorize the staff to act for me according to their best judgment in any emergency situation, and hereby waive and release the staff from any and all liabilities for injuries and illnesses while at the Pearland United Winter Skills Sessions. I have no knowledge that my child has any physical or mental impairment that would keep him or her from participating in the sessions.

Parent/Guardian Signature:

Date:

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