



# 2019 LAKE VIEW CHIEF SOCCER CAMP



The Chief Soccer Camp is open to boys in San Angelo, and the surrounding area, who are interested in learning the game or improving their skills. Each session will focus on technical ball work, tactical activities, and small sided games/tournaments for players to showcase their skills.

<b>Field Player Sessions:</b>	<b>Goalkeeper Sessions:</b> (Incoming 5 <sup>th</sup> – 9 <sup>th</sup> Grade ONLY)
Nationally licensed soccer coaches and highly qualified staff will train players through age appropriate training and competition. Players will learn the basics of techniques (dribbling, passing, and shooting); tactics of the game; teamwork and discipline.	Nationally licensed goalkeeper coach will train players who show interest in the position. Players will learn the basics of techniques (dribbling and passing) and goalkeeper skills such as form, handling, positioning, team leadership and more. Please bring gloves.

**Join the FUN! The camp includes Games, Awards, and Chief Soccer Camp t-shirt!**

Age	Date	Time	Cost
Incoming PK-4 <sup>th</sup> Grade	June 10 <sup>th</sup> - 12 <sup>th</sup> (M-W)	6:00 - 7:00 PM	\$25
Incoming 5 <sup>th</sup> - 9 <sup>th</sup> Grade	June 10 <sup>th</sup> - 13 <sup>th</sup> (M-TH)	7:00 – 9:00 PM	\$30

**Registering the day of:** \$10 additional fee

**Ask us about our team discount!!**

**Location:** San Angelo Sports Complex (Old Bobcat) 1000 Pulliam St., San Angelo, TX 76903

**What to Bring:** Soccer shoes, shin guards, soccer ball, water

No phone reservations will be accepted. There are NO make-up days for missed days or bad weather.

**For more information, contact:** Kyle Jones at matthew.jones@saisd.org or 325-374-0916

**Please keep the top portion of this sheet for your records and mail the bottom portion with a check or money order to reserve your spot in the camp.**

(Please fill out a separate form for each child.)

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_

Soccer Experience: \_\_\_\_\_ years Goalkeeper Session (Incoming 5<sup>th</sup> - 9<sup>th</sup> grade ONLY):  Yes

Parent(s)/ Guardian(s) Names: \_\_\_\_\_

Address: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Other #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency contact (other than parent): \_\_\_\_\_

Relationship \_\_\_\_\_ Emer. Contact #: \_\_\_\_\_

T-shirt size (circle one): Youth: XS S M L Adult: S M L XL

Insurance Waiver: I give my consent and my approval for my child to participate in the Chief Soccer Clinic with the understanding that insurance will not be provided by San Angelo ISD. I will not hold any SAISD coach, SAISD employee, or San Angelo ISD responsible for any personal injuries incurred by my child during the camp activities. I also give the director of the camp permission to seek medical treatment for my child in the event of an emergency.

Make checks payable and mail registration to: **Kyle Jones**

**4102 Scarlet Oak Ct. San Angelo, Texas 76904**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_