

# CFSA Spring Break Soccer Camp

Spring Break is getting close and you don't want to be stuck inside all day. We are very excited to have our 2010 Spring Break Soccer Camp. Camp will be directed and coached by CFSA's staff and coaches. This camp is for all ages and skill levels. Please call or email us with any question about camp.

**Spring Break Camp Date:** Monday 3/29 through Friday 4/2

**Registration Deadline:** Monday 3/22

**Times:**

Full Day 9:00am-5:00pm

Half Day 9:00am-12:00pm (Mandatory for U6 and below)

**Location:**

Hoggard High School Athletic Fields

**Price:**

\$110 full day

\$65 half day

All campers need to bring a soccer ball, water bottle, bag lunch and/or snacks, cleats and shin guards, sunscreen and cookies for coaches. All Campers will receive professional coaching as well as a CFSA Spring Break Camp T-shirt.

**Camper's Name:** \_\_\_\_\_ **Parents Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Shirt Size:** YM YL AS AM AL **Gender:** M F

**Age:** \_\_\_\_\_ **Camp Signing up for (Circle one):** Half Day Camp Full Day Camp

**Pertinent Medical Info:** \_\_\_\_\_

**Emergency Contact:** Name: \_\_\_\_\_ Phone: (c) \_\_\_\_\_ (h) \_\_\_\_\_

**Parental Consent Form**

I / We, the undersigned hereby certify that I (we) am (are) the parent or legal guardian of the camper. I hereby give permission for the staff of the CFSA Camp to seek during the period of the Camp appropriate medical attention for the camper and for medical attention to be given and for the camper to receive medical attention in the event of accident, injury, or illness. I will be responsible for any and all costs of medical attention and treatment, except for that covered by the camp's excess medical coverage policy. I / We, the undersigned, for ourselves and as Guardian of:

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_