



2009 Summer Soccer Camps

- Speed/Agility Training
- Tactical Training
- Technical Training
- Fitness/Conditioning

June 8 -11
 June 15 -18
 9:00AM – 12:00Noon

Andromeda Training Facility
 4401 E. 14th St., Plano, TX 75074
 (two blocks east of 14th and Los Rios)

Come join our Professional Coaching Staff for a fun and exciting week of soccer!

Complete this form and mail with full payment payable to “Andromeda Soccer Club” to assure your place. Mail to:

Andromeda S.C.
 Summer Soccer Camp
 4401 14th Street
 Plano, TX 75074

Andromeda Soccer Club Soccer Camp Registration Form

Pre-Registration \$125.00
Registering day of camp \$135.00
 * **TEAM DISCOUNT** *
\$80/player (10 player minimum)

Summer Camp Cost

\$125.00/Week
 Or
\$35.00/Day

Name: _____ Age: _____ Sex: _____ Date of Birth: _____
 (First) (MI) (Last) (M/F) (mm/dd/yy)

Parents Name(s): _____ EMAIL _____

Home phone: (_____) _____ Emergency Contact: _____
 (Name & phone #)

Address: _____
 (street address & apt.) (City) (ST) (Zip)

Current Team: _____ Current Playing Asso. _____ Current Coach: _____

How Did You Hear About The Camp? _____ Mgr _____ Email _____ Academy _____ Mail _____ Player
 _____ Team _____ Website _____ Clubhouse Signs _____ Other (please list)

Note: a release from your current coach is NOT required to participate in this camp.

I as parent/guardian authorize any first aid or emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry that may become necessary for my child/ward while he/she is attending the Andromeda Soccer Camp. In consideration for the acceptance of my child/ward to the Andromeda Soccer Camp, I hereby for myself and my child or ward, our heirs, executors, administrators, and personal representatives, hereby discharge, waive and release Andromeda Soccer Club, its partners, agents, coaches, volunteers, employees and sponsors from and against any and all liability claims, damages or lawsuits resulting from personal or physical injury to my child/ward.

I have read and understand the preceding medical release and disclaimer.

Parent/Guardian signature is required _____ Date _____