

# CARLSBAD WAVE SOCCER CAMPS



In association with

**SKILLZ SKOOL**



2010 Summer Soccer Camps at Pine Park Turf Field (3333 Harding St. Carlsbad):

DATES	TIMES	AGES	CAMP TYPE	FEE
June 28-July 2	8am-12pm	U8-U12	Competitive Player Soccer Camp	\$130
August 9-13	9am-1pm	5-14	Recreational Player Soccer Camp	\$130

**Get your skillz on** with Carlsbad Wave's exciting new soccer camps for 2010.

Skillz Skool is bringing a fresh approach to soccer education, with a player-centered focus, and exciting new skillz. We fuse together modern playing techniques with energetic and upbeat coaching.

Our **Competitive Camp** is open to all competitive level players. Improve individual techniques, and focus on the tactical side of the game. Prepare for the competitive soccer season right here.

Our **Recreational Camp** is open to all recreational level players; Learn new skills in a positive, safe and fun learning environment. Each day includes foot skills, educational session, and a daily World Cup style tournament.

Daily Camp Schedule (times –1hr for comp.):

9:00-9:30— Fast Footwork Warm-Up  
 9:30-11:10— Skillz Stations  
 11:10-11:30—Fun Educational Session / Snack  
 11:30-12:00—Coached Scrimmage  
 12:00-12:15—Break / Skillz Challenge  
 12:15-1:00— Daily World Cup Tournament!  
 1:00 Camp Dismiss

All camps run Monday—Friday

Please bring soccer ball, water, snack, shin guards and a smile

Camps conducted by professional coaches from CWFC with 8 years experience running soccer camps.

Complete the form below and mail with payment to: Attn: CWFC Summer Camps, 515 S Myers St, Apt. D, Oceanside CA 92054

Choose your camp:

**Carlsbad Wave FC Summer Camps**

Competitive Camp—Jun 28-Jul 2—\$130  Recreational Camp—Aug 9-13 —\$130

Questions?  
 Phone: 760-429-7242  
 skillzskool@hotmail.com

Camper Name \_\_\_\_\_ D.O.B \_\_\_\_\_ Age \_\_\_\_\_ M/F \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
 Emerg. Contact \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_ Total \$ enclosed \_\_\_\_\_ Chk # \_\_\_\_\_ (Checks to CWFC)

MEDICAL RELEASE / CONSENT FOR MEDICAL TREATMENT— I agree to the following: 1) To abide by the rules of Cal South and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for Cal South accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify Cal South, its affiliated organizations and sponsors, their families and associated personnel, including the owners of fields and facilities utilized by the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. 2) To hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Print Name of Parent / Legal Guardian \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_