



2009 SUMMER SKILLS SESSIONS FOR ALL GIRLS & BOYS AGES 5-15

Hosted by the professional training staff of the Eclipse Soccer Club, these skills sessions give you the opportunity to improve your soccer skills while having fun at the same time!

DATES	REGISTRATION DEADLINE	LOCATION
June 8 th through June 11 th	May 26 th	Lost Creek Park
June 15 th through June 18 th	June 1 st	Lost Creek Park
July 6 th through July 9 th	June 22 nd	Lost Creek Park
July 13 th through July 16 th	June 29 th	Sienna (6 – 8:15 pm)

****PLEASE NOTE: ALL REGISTRATION FORMS RECEIVED AFTER THE REGISTRATION DEADLINE LISTED ABOVE MUST INCLUDE \$10 EXTRA ON THE ORIGINAL FEE TO COVER THE COST OF ADDITIONAL STAFF AND T-SHIRTS****

FEE:

- \$95 per session, per child
 - \$50 discount can be applied to total payment if attending 3 or more sessions.
 - \$50 discount available to 3rd or more sibling attending same session (1st and 2nd sibling full price).

TIME:

- 9:00-11:15 am (Arrival at 8:45; Pick up no later than 11:15)

WHAT IS OFFERED:

- New foot skills
- Small-sided games
- “Fun”damental games
- Street soccer
- Goal scoring games
- World Cup competitions
- Excellent player/trainer ratio
- Eclipse Soccer Club 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 2009 Summer Skills Session Registration Form and return it to the given address no later than the registration deadline listed above (in order to avoid the \$10 late fee).



2009 SUMMER SKILLS SESSIONS REGISTRATION FORM

Please print out this form, fill it in completely, and mail it with your check (made payable to E.I. Camps) to the following address:

4638 Riverstone Blvd, Suite 200
Missouri City, Texas 77459

Acceptance of your registration and payment will be confirmed via email at least one week prior to the start of each skills session. If you do not receive an email, please contact Mac McCallum at 832-443-6221, Luis Labastida at 281-865-6031 or Eddie Edwards at 281-798-8756, to verify your registration and payment have been received, or with any other questions you might have prior to, or during, the 2009 Summer Skills Sessions.

PLAYER NAME	
AGE AT START OF SESSION(S)	
GENDER	
LEVEL OF PLAY (PLEASE CIRCLE)	RECREATIONAL TEAM SELECT TEAM
PARENT/GUARDIAN NAME	
HOME PHONE NUMBER	
EMERGENCY CONTACT DURING SESSION	NAME: PHONE NUMBER:
EMAIL ADDRESS	IMPORTANT FOR UPDATES
PRE-EXISTING MEDICAL CONDITIONS	
SESSION(S) ATTENDING (PLEASE CIRCLE)	SESSION 1: June 8 th through June 11 th SESSION 2: June 15 th through June 18 th SESSION 3: July 6 th through July 9 th SESSION 4: July 13 th through July 16 th (Sienna)
T-SHIRT SIZE (PLEASE CIRCLE)	YS YM YL YXL AS AM AL AXL
AMOUNT OF PAYMENT <small style="color: red;">**PLEASE REMEMBER TO INCLUDE ADDITIONAL \$10 IF MAILING AFTER THE REGISTRATION DEADLINE**</small>	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 Eclipse Summer 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 Signature: _____ Date: _____