

CONCORDIA HIGH SCHOOL SOCCER CAMP



CAMP INFORMATION:

The co-ed camp will be run by CHS Head Soccer Coach Jared Jolly, Coach Sean Gordon (PRO SOCCER PLAYER) with assistance from specialized coaches and CHS Varsity team members. The purpose is to provide an affordable opportunity for youth soccer players to develop technique-driven skill-sets that will increase their level of play and enjoyment for the game. Water will be provided & campers will receive a Concordia HS Camp T-shirt.

DETAILS:

Who: Boys & girls entering 5th – 9th grade
Where: Pfennig Soccer Fields in Pflugerville
 (located at the corner of Swenson Farms Rd & Pfennig Lane)
When: Monday, July 17 – Friday, July 21
Time: 8:00 a.m. – 12:00 pm
Cost: \$100 per student



GOT QUESTIONS:

Contact Carla at 512.248.2547 or
 Carla.knipa@chsAustin.org

**COACHES WITH PRO SOCCER
 PLAYING EXPERIENCE!**

PARENT/GUARDIAN CONSENT FORM AND REGISTRATION

HOW TO REGISTER: Register online at <http://chsAustin.org/summercamps/> or Mail Payment

MAIL PAYMENT: Make checks payable to Concordia High School, mail to Concordia High School,

Attn: Carla Knippa, 1500 Royston Ln, Ste A, Round Rock, TX 78664

COST: \$100 per student

(*A \$10 / week sibling discount is available for those with multiple family members)

Total Due: \$ _____

T-SHIRT SIZE (Youth Sizes): Small Medium Large X-Large XX-Large

(Adult Sizes): Small Medium Large X-Large XX-Large

Student Name: _____ Incoming Grade: _____

Address: _____ Cell Phone: _____

Email: _____ Home Phone: _____

Emergency Contact: _____ Phone: _____

Middle School Attending: _____ Please Circle Experience: RECREATIONAL/SELECT/NONE

LIABILITY RELEASE: I, as the parent or guardian of _____ do hereby give permission for my child to participate in the Concordia High School Soccer Camp. I acknowledge that my child is physically able to participate in all camp activities. I hereby release and forever discharge Concordia High School and their employees, agents, and contractors in both their public and private capacities from any and all liability, claims, suits, damages or cause(s) of action whatsoever for any property damage or personal injury sustained by my child that may arise as a result of his participation in camp activities. I also give my permission for any emergency medical care to be given to my child that may be required as a result of any injury from participation in camp activities.

Parent/Guardian Signature

Date

