

Las Vegas Soccer Association 2009 Summer Camps

(For Boys and Girls U9-U18)

Stay at the TOP of your game, come and train daily like the pros. FCLV Technical Director and Camp Director Manny Kouhaiz along with Las Vegas Soccer Association staff coaches and guest coaches will make sure your game get better with the secret of soccer...the first touch.



Times

8:00am to 12:00pm daily

Location

All weeks will be held at the Kellogg Zaher Soccer Complex Field #6

Camp Cost

\$130 per week

10% Sibling Discount, 10% Refer a Friend Discount and 20% Multiple Weeks Discount are available. See website for more details
Checks and Credit Cards are Accepted

How to Register

Online at www.fclasvegas.com

or

Complete the registration form on the second page of this flyer and send to Las Vegas Soccer Association

Pre-registration for the camps is strongly encouraged, however we do accept day of registrations as long as we have space available.

To reserve a sport or for more information please contact
Manny Kouhaiz at emmanuel.kouhaiz@fclasvegas.com or 702-401-4416

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PLAYER REGISTRATION AND INJURY WAIVER FORM

(Registration and payment can also be done online at www.fclasvegas.com)

PLAYER'S NAME _____ AGE _____ SCHOOL GRADE _____

Please Check Session(s) Attending:

____ Week 1: June 29th - July 3rd

____ Week 2: July 13th - July 17th

____ Week 3: July 20th - July 24th

____ Week 4: July 27th - July 31st

____ Week 5: August 3rd - August 7th

2009 TEAM NAME: _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PARENT / GUARDIAN NAME _____

HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

EMAIL ADDRESS _____

IN AN EMERGENCY WHEN PARENT / GUARDIAN CANNOT BE REACHED, PLEASE CONTACT

NAME _____ REALATIONSHIP TO PLAYER _____

HOME PHONE (____) _____ WORK PHONE (____) _____ CELL PHONE (____) _____

Does your daughter/son have any medical conditions that might occur or affect them during the training? If yes, please explain below: (physical or mental disabilities, allergies or asthma, taking medications, any other problems)

INJURY WAIVER

I, the Parent / Guardian of the player named herein, acknowledge participation in the sport of soccer, as many sports, may result in injury. The undersigned Parent / Guardian therefore releases the Las Vegas Soccer Association, its teams, officers, coaches and players from responsibility for any injury to my child during the camp:

Name of Parent / Guardian (Please Print)

Signature of Parent / Guardian

Date

CONSENT FOR MEDICAL TREATMENT (MINOR)

I, _____, hereby grant permission to Las Vegas Soccer Association camp staff to render to my daughter/son any preventative measures, basic first-aid acute injury treatment or emergency treatment deemed reasonable and necessary for my daughter/son during the camp. I also grant permission for the staff to make appropriate medical referral to a physician of choice in the event of such injury or illness occurs during the camp.

Also, when necessary for executing such a case, I grant permission for hospitalization at an accredited hospital, as deemed necessary by the attending physician.

Signature of Parent / Guardian

Date

Please send complete registration form and check, made payable to Las Vegas Soccer Association, to:

Attn: 2009 Summer Camps
Las Vegas Soccer Association
7345 S Durango Dr #B107-327
Las Vegas, NV 89113

(To pay by credit card please call 702-987-1445)

For more information email Manny Kouhaiz at
emmanuel.kouhaiz@fclasvegas.com or 702-401-4416