



**2009 MOON LADY TIGERS SOCCER CAMP
FOR BOYS AND GIRLS
U-6 (07/31/04) to U-12 (08/01/96)**

**Monday, June 22 to Thursday, June 25 – 4 DAY CAMP
9:00 a.m. to 11:30 a.m. OR 6:00 p.m. to 8:30 p.m.
Moon High School Stadium**

The Moon Lady Tigers Soccer Camp is open to all **boys and girls** in the U-6 through U-12 age groups. Our 4 day camp is run by Head Coach, Bill Pfeifer and his successful Moon Lady Tigers High School Soccer Team. Last season more than 100 kids participated in our youth camp. Our youngest campers will learn and improve their basic soccer skills and techniques through age appropriate training and enjoyable games. For our older campers, we focus on development. The curriculum emphasizes the importance of combining technical skill with tactical decisions. Players will be grouped according to age and ability. This camp is offered as a morning or evening camp. Every camper will receive a Moon Soccer T-shirt.

**Camp fees: \$80 per Camper. Additional family members: \$65 each.
Cost includes Moon Soccer T-shirt!**

Each camper should bring: A ball, shin guards covered with socks, water bottle and sunscreen

Fill out this form and medical release form on the back and mail by JUNE 10th

Name(s) 1. _____ boy/girl, 2. _____ boy/girl, 3. _____ boy/girl

Birthdate(s) 1. ____/____/____ age ____ 2. ____/____/____ age ____ 3. ____/____/____ age ____

Address _____ City _____ Zip code _____ Phone # _____

Email _____ We can confirm your reservation by email.

Check which Session: Morning 9:00 a.m. to 11:30 a.m. OR Evening 6:00 p.m. to 8:30 p.m.

T-shirt size: Youth Small ____ Youth Medium ____ Youth Large ____

Adult Small ____ Adult Medium ____ Adult Large ____

Parent/ Guardian Signature _____

Applicant is in good health and has my permission to participate in this camp.

Make checks payable to: **Moon Girls Soccer Club** and mail to: Moon Girls Soccer Club

Amount paid _____ Check # _____

204 Spencer Court

Moon Township, PA 15108

Questions? Please contact us at 412-262-6337 or Tesu2sie@aol.com

Please fill out the medical release on the back of this registration form

MOON LADY TIGERS SOCCER CAMP MEDICAL RELEASE FORM
JUNE 22- 25, 2009

PLAYER'S NAME(S):

1. _____ 2. _____ 3. _____

BIRTHDATES(S)

1. _____ 2. _____ 3. _____

EMERGENCY INFORMATION DURING CAMP HOURS:

PARENT/GUARDIAN _____ HOME# _____ CELL _____

PARENT/GUARDIAN _____ HOME# _____ CELL _____

IN AN EMERGENCY, WHEN THE PARENT/GUARDIAN CAN NOT BE REACHED:

NAME: _____ HOME# _____ CELL _____

ALLERGIES: PLAYER 1. _____ 2. _____

3. _____

OTHER CONDITIONS WE SHOULD KNOW ABOUT: PLAYER 1. _____

2. _____ 3. _____

PARENT'S APPROVAL AND RELEASE

Recognizing the possibility of physical injury associated with soccer and in consideration for player's participation and receiving instruction in the MOON LADY TIGERS SOCCER TEAM camp I hereby release, discharge and/or otherwise agree to indemnify the MOON LADY TIGERS SOCCER TEAM and any and all persons connected with it, from and against any and all claims for personal injury by the player as a result of the player's participation in the soccer camp, and verify I am authorized to do so as parent or guardian of the player.

SIGNATURE OF PARENT/GUARDIAN

DATE SIGNED