

FREEDOM



2011 Soccer Camp Information

Who: Girls ages 7 and up

When: June 13th - 17th

Time: 5:30 pm – 8:30 pm

Where: Pine Tree Jr. High

Cost: \$65.00 if paid by June 1st
\$80.00 if paid after June 1st

 Goal keeper coach will be at camp!

Every camper will receive a
Freedom Girls Soccer Club
Camp t-shirt!

Camper-of-the-day awards

Freedom Fotos

Mail payment & registration to:

**Freedom Girls Soccer Club
P.O. Box 409
Longview, Texas 75606**

For more information contact:

Melissa Higgins: 903-241-5621
FreedomCamp11@yahoo.com

2011 Freedom Girls Soccer Camp Registration

Camper's Name: _____

2011 Club Team Tryouts



2011 Team tryouts will be announced on the Freedom Soccer Club website. For more information about team tryouts and news about Freedom's Academy Teams visit:

www.freedomsoccer.net

Along with the Freedom Soccer Club coaches, the Freedom Soccer Club is excited to announce the camp coaching staff will include:

Coach David Plunk
LeTourneau Women's Soccer Team

Coach Daniel Rich
Pine Tree HS Lady Pirate Soccer Team

Coach Chris Yoder
Longview HS Lady Lobo Soccer Team

Parent: _____

Camper Birth Date: _____

Address: _____

Home Phone: _____

Parent Cell Phone: _____

Email 1: _____

Email 2: _____

Camper Soccer Information:

Years Played: _____ Positions Played: Offense Defense Goalkeeper

Shirt Size: _____YM _____YL _____AS _____AM _____AL _____AXL

As the Parent/legal guardian of CAMPER, I request that in my absence the above named camper may be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and X-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorized the hospital or medical facility to dispose of any specimen or tissue taken from the above-named camper.

Medical Conditions: _____

Physician: _____

Physician Phone Number: _____

Insurance Co.: _____

Policy Holder: _____

Policy No.: _____

Parent Signature: _____

Date: _____