



THIS SOCCER IS PROUD TO ANNOUNCE IT'S 2010 SUMMER SOCCER CAMP JUNE 14TH-18TH. THIS CAMP FEATURES UNM MEN'S SOCCER COACH JEREMY FISHBEIN & TRINITY UNIVERSITY MEN'S SOCCER COACH PAUL MCGINLAY AS THE LEAD INSTRUCTORS. DON'T MISS THIS OPPORTUNITY AS NCAA LEVEL COACHING COMES TO TAOS!

***OPEN TO BOYS AND GIRLS**

AGES 11-18

***RANCHOS SOCCER COMPLEX**

9:00-11:30AM

*** COST IS \$100 PER PLAYER**

(\$110 IF RECEIVED AFTER 6/8/10)

***EACH CAMPER WILL RECEIVE A**

NIKE SOCCER BALL & UNM SOCCER T-SHIRT

TOGETHER JEREMY FISHBEIN AND PAUL MCGINLAY BRING AN IMPRESSIVE RESUME OF NATIONAL NCAA SUCCESS INCLUDING THE 2005 NCAA DIVISION I RUNNERS UP HONOR FOR FISHBEIN AT UNM, & AND A 2003 DIVISION III CHAMPIONSHIP FOR MCGINLAY WITH TRINITY COLLEGE WHERE HE HOLDS THE HONOR OF 2ND BEST WINNING PERCENTAGE AND TOTAL VICTORIES AMONG ACTIVE DIVISION III COACHES. THIS SPECIAL EVENT IS A MUST FOR ANY SOCCER ENTHUSIAST. THE CAMP IS OPEN FOR BOTH BOYS AND GIRLS AGES (11) THROUGH (18) WHO ARE SERIOUS ABOUT SOCCER. FOR MORE INFORMATION OR TO RESERVE YOUR SPOT CONTACT LEE BACKER @ 575-770-3043 OR VISIT WWW.TAOSSOCCER.COM

SPONSORED BY



**DREAMCATCHER
REAL ESTATE**



**SMART
MINDS.**

REGISTRATION FORM:

PLAYER/S NAME: _____

PLAYER/S AGE: _____

TELEPHONE NUMBER: _____

TOTAL AMOUNT PAID: _____

CAMP DETAILS:

-MAKE CHECKS PAYABLE TO "LEE BACKER"

-COMPLETED REGISTRATION FORMS W/ WAIVER & PAYMENTS MAY BE
MAILED TO: LEE BACKER

623 PASEO DEL PUEBLO NORTE
TAOS, NM 87529

-PAYMENTS RESERVE A SPOT IN THE CAMP. ALL PAYMENTS ARE NON-
REFUNDABLE.

-CAMP SESSION ARE TO BEGIN AT 9:00AM SHARP. PLEASE DON'T BE
LATE

-CAMPERS SHOULD COME EQUIPTED WITH PROPER SOCCER ATTIRE
INCLUDING CLEATS, SHIN GAURDS, AND WATER.

-TRAINED MEDICAL PERSONNEL WILL BE PRESENT WITH MED SUPPLIES.

-PLEASE FILL OUT LIABILITY RELEASE FORM COMPLETELY AND RETURN
WITH REGISTRATION FORM.

Liability Release Form

(Individual form must be completed for siblings)

Participants Name:

Age: ____ Date of Birth: _____ Age Division Last

Played In: _____

Allergies, Medical

Conditions: _____

Father's Name: _____ Home Phone:

_____ Cell Phone: _____

Mother's Name: _____ Home Phone:

_____ Cell Phone: _____

Mailing Address:

City: _____

State: _____ Zip: _____

Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name:

Phone: _____

This Authorization for emergency medical treatment must be completed before a player begins participation. I the undersigned, (if the applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand the following information. There are risks connected with my participation in this camp and its related activities. I release, waive, discharge and covenant not to sue event sponsors, event charities and their workers, employees and directors, from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up the rights by signing this release and sign below voluntarily.

Parent/Guardian Signature:

_____ Date: _____