



Grand Junction Soccer Club

U4-U8 Soccer Stars Camp

(WINTER 2010 SESSION)



The Grand Junction Soccer Club is excited to introduce our U4-U8 Soccer Stars Camp! Simply choose a time slot (1 slot equals 1 session) that caters to your schedule, then bring your child along for soccer fun and games. Each class is 45 minutes long and will last for 5 weeks. Your children will benefit from skills sessions provided by our coaching staff. There are only 8 places available for each time slot so sign up now!

With this fun and non-competitive, weekly soccer program, your kids will love their first experience with the world of soccer, or continue with what they are learning during their seasons. They will be exposed to the following skills masked in fun & games:

- | | |
|--|--|
|  DRIBBLING |  GOALIE SKILLS |
|  KICKING |  HEADERS |
|  THROW-INS |  DEFENSIVE MOVES |
|  PASSING |  SCRIMMAGING |

Our goal and focus during our 45 minute indoor class is to maintain an energetic and highly active setting using many props to delight and engage kids in physical activity. Our Curriculum is designed to develop motor skills, promote physical fitness, and create self-confidence. Don't forget a size 3 soccer ball and a positive attitude!

Winter Camp, January 11th -February 12th

5 Sessions for \$60

Time	Monday	Tuesday	Wednesday	Thursday	Friday
4:45-5:30 PM	U4-U5	U7-U8	U7-U8	U5-U6	U4-U5
5:45-6:30 PM	U6-U7	U4-U5	U5-U6	U7-U8	U7-U8

- 45 minute weekly sessions at our own SoccerPlex facility!
- Only 8 Available Spots per Session!
- Sign up forms are available online at www.grandjunctionsoccer.org. Bring Completed forms to 529 25 1/2 Rd. Suite B112 or fax to 242-4971
- Contact: **Andy Varns 248-1028**

Week 1: January 11—15th
Week 2: January 18—22nd
Week 3: January 25—29th
Week 4: February 1—5th
Week 5: February 8—12th



Grand Junction Soccer Club
A Premier Colorado Soccer Club 33 Years Strong

Soccer Office—in Independence Plaza (by Sam's Club)
 529 25 1/2 Road, Suite B112
 Grand Junction, CO 81505
 Phone: **970.242.4550** Fax: 970.242.4971
 Website: www.grandjunctionsoccer.org

FEES:	U4-U8	\$60.00
PAID \$	_____	
	CK# _____	Cash _____ C/C _____
REG DATE	_____	
INITIAL	_____	



SOCCER STARS REGISTRATION

Player Information

Please fill out all information clearly and completely.

Player's Name _____ **Gender** _____ **Date of Birth** ____/____/____

Home Phone _____ **Email** _____

Address _____ **City** _____ **Zip** _____

Mother/Stepmother _____ **Cell #** _____

Father/Stepfather _____ **Cell #** _____

Medical Concerns _____

Program Registration

- U4 BIRTH DATE 8/1/05 – 7/31/06**
- U5 BIRTH DATE 8/1/04 – 7/31/05**
- U6 BIRTH DATE 8/1/03 – 7/31/04**
- U7 BIRTH DATE 8/1/02 – 7/31/03**
- U8 BIRTH DATE 8/1/01 – 7/31/02**

SELECT THE SESSION SLOT YOU PREFER: We want to provide as many options as possible.

U4-U5	Monday	Tuesday	Friday	
	4:45 – 5:30pm	5:45 – 6:30pm	4:45 – 5:30pm	
U5-U6	Wednesday	Thursday		
	5:45 – 6:30pm	4:45 – 5:30pm		
U6-U7	Monday			
	5:45 – 6:30pm			
U7-U8	Tuesday	Wednesday	Thursday	Friday
	4:45 – 5:30pm	4:45 – 5:30pm	5:45 – 6:30pm	5:45 – 6:30pm

FIRST CHOICE _____ **SECOND CHOICE** _____ **THIRD CHOICE** _____

Medical Release and Liability Waiver

This is to certify that the above-named player has my permission to play in the Grand Junction Soccer Club Soccer Stars Program. I have listed any known physical or health restrictions on this player's ability to participate in the soccer program. I understand that participation in this sports activity could result in injury to my child and I do hereby release on behalf of myself and my child, GJSC, its employees and agents, volunteers, members, and officials from any liability. As the parent or legal guardian of the above-named player, I hereby give my consent for emergency care prescribed by a duly licensed Doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent. GJSC also has my permission to use my child's photo for promotional materials, such as flyers, advertisements, and website content.

Refund Policy

No refunds, credits or fee transfers will be granted for players after the SECOND scheduled class begins. Refund requests due to injury must be made within 1 week of injury or illness and must have a doctor's note included. Refunds granted are subject to a \$20.00 handling fee .

Parent or Guardian Signature _____ **Date** _____

GJSC Mission Statement:

The Grand Junction Soccer Club is dedicated to providing year around soccer opportunities that are fun, positive and challenging for individuals of all ages, abilities and financial means.