

49th Annual ROCKY MOUNTAIN SOCCER CAMPS



*Learn,
Improve,
Enjoy!*



Mark Per dew - Director

*Quality,
Integrity,
Tradition*



SUMMIT COUNTY CAMPS – FRISCO CO - JULY 22-26, 2019

*Skills, Games, Scrimmages, Contests, Ball Machine, Radar Gun, Rebound Nets,
Video Analysis, High Level Training, Professional Coaches and MORE!*

MONDAY - FRIDAY PENINSULA PARK BOYS & GIRLS AGES 5-17

MINI CAMP AGES 5-10 9:00-11:00 AM \$100 Per Player

The RMSC MINI-CAMP Programs concentrate mainly on Skill Development in a Fun, Creative and Educational Environment, and Sessions can be tailored to the players in the camp. The Innovative Methods put forth by the RMSC include Skill Training Games, Specialized Training Areas, Small-Sided Scrimmages, Video Analysis and the RMSC Soccer Skill Evaluations. These cutting-edge concepts allow for easy understanding and quick improvement.

COMPLETE PLAYER & GOALKEEPER DAY CAMP AGES 9-17 9:00 AM-2:00 PM \$250 Per Player

RMSC COMPLETE PLAYER Day Camp - OUR PREMIER PROGRAM, developing within 10 sessions, an understanding of the techniques, skills, and tactics necessary to become a complete soccer player. Shooting and Finishing during every session!
RMSC GOALKEEPER Day Camp - Basic and Advanced GK Skills - Combine with the Complete Player Camp for shooting exercises, games and scrimmages.
DAILY SCHEDULE - Session 1 - 9:00-11:00 AM, Lunch Break (Bring Your Own) - 11:00 AM– 12:00 PM, Session 2 - 12:00-2:00 PM

Come and Join the FUN!

CALL 720-394-5257 or E-Mail rockymtnsoccercamp@juno.com for MORE INFORMATION!

2019 ROCKY MOUNTAIN SOCCER CAMP APPLICATION

NAME _____ AGE (As of Camp Date) _____ M/F _____ BIRTHDAY ___/___/___ TEAM/DIVISION _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 E-MAIL _____

SUMMIT COUNTY CAMPS – FRISCO CO - JULY 22-26, 2019

X	SUMMIT CAMP NAME	AGES	DAYS	TIMES	COST	NUMBERS
	MINI CAMP	5 - 10	MON - FRI	9:00 - 11:00 AM	\$100 Per Player	20 Player Minimum
	COMPLETE PLAYER DAY CAMP	9-17	MON - FRI	9:00 AM - 2:00 PM	\$250 Per Player	20 Player Minimum
	GOALKEEPER DAY CAMP	9-17	MON—FRI	9:00 AM - 2:00 PM	\$250 Per Player	4 GK Minimum

COMPLETE the **APPLICATION FORM** and MAIL with PAYMENT to: **RMSC P.O. Box 47 Victor, CO 80860**

Please Make Checks Payable to **RMSC** [REGISTER ON-LINE at: rockymountainsoccercamp.com](http://rockymountainsoccercamp.com)

RELEASE FORM

In consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge that the activity set forth herein contains dangers and risks and may result in injury to the participant. I hereby assume all risks of personal injury or death and property damage from any causes whatsoever arising while my child is participating in such activity. My child is in good health and is physically able to participate in said activity. I hereby agree to unconditionally waive and release the ROCKY MOUNTAIN SOCCER CAMPS, INC., their officers, employees, agents, servants and all representatives and sponsors from any injury that my child may sustain or any damage that may be caused to my child's property in connection with any ROCKY MOUNTAIN SOCCER CAMPS, INC. activity. I also agree to indemnify and forever hold harmless the ROCKY MOUNTAIN SOCCER CAMPS, INC. for any claims arising out of injury or death to my child, other than gross negligence or willful misconduct of the ROCKY MOUNTAIN SOCCER CAMPS, INC. I also authorize and consent to any emergency X-ray examination, medical diagnosis or treatment and hospital care and on the advice of any physician licensed to practice in the state of Colorado or in the United States of America.

I, furthermore, hereby give my permission to the ROCKY MOUNTAIN SOCCER CAMPS, INC. to use my child's name, likeness, image and photograph for any camp promotional or advertising purposes including, but not limited to, brochures, flyers, internet web sites, and videos.

Parent or guardian signed will be contacted and will be responsible for the health insurance of their child.

PARENT/GUARDIAN SIGNATURE _____

Please indicate any known ALLERGIES, DISABILITIES, or MEDICAL PROBLEMS: _____

INSURANCE COMPANY _____ PHONE _____ POLICY or GROUP NUMBER _____

PARENT/GUARDIAN _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____ HOME PHONE _____ ALT. PHONE _____

(For Office Use Only)

CHECK #1 _____ DATE RECEIVED _____ NAME _____ AMOUNT \$ _____ BALANCE \$ _____

CHECK #2 _____ DATE RECEIVED _____ NAME _____ AMOUNT \$ _____ BALANCE \$ _____