

# 49th Annual ROCKY MOUNTAIN SOCCER CAMPS



*High Level Instruction and a High Quality Experience!*

## HIGH SCHOOL BOYS SOCCER CAMP LANDER, WY - JULY 31-AUG 2, 2019

**Kristopher George Soccer Complex at Lander Valley High School**

**\$345 Per Player - Open to All Boys going into Grades 9 through 12**

Quality - Integrity - Tradition  
Mark Per dew - Director

*20+ Hours of High Level Training, Sessions Tailored to the High School Player,  
Skills and Fitness, Tactical Foundations, Scrimmages, Video Analysis, Professional Coaches*

### SCHEDULE

#### **WEDNESDAY – July 31, 2019**

1:00 pm - Check-in  
2:00 pm - Soccer  
6:00 pm - Dinner  
7:00 pm - Soccer  
9:30 pm - Meeting/Awards - Clean-up  
10:30 pm - Lights Out

#### **THURSDAY – August 1, 2019**

7:00 am - Wake-up  
7:30 am - Warm-up  
8:00 am - Breakfast  
9:00 am - Soccer  
12:00 pm - Lunch  
1:00 pm - Elevation Training  
2:00 pm - Free Time  
4:00 pm - Motivation and Inspiration!  
4:30 pm - Soccer  
6:00 pm - Dinner  
7:00 pm - Soccer  
9:30 pm - Meeting/Awards - Clean-up  
10:30 pm - Lights Out

#### **FRIDAY – August 2, 2019**

7:00 am - Wake-up  
7:30 am - Warm-up  
8:00 am - Breakfast  
9:00 am - "Mountain Top Experience"  
12:00 pm - Lunch  
1:00 pm - Soccer  
2:30 pm - Clean-up and Pack-up  
2:45 pm - Awards  
3:00 pm - RMSC Ya Later!

#### **LOGISTICS**

**MEALS:** On Your Own - EXCEPT Breakfast on both Thursday and Friday which will be provided.

**LODGING:** Camping with the group at the field is preferred, although players may arrange their own lodging at area hotels if needed.

**NUMBERS:** MIN = 12 Players MAX = 60 Players

**ADDITIONAL DETAILS** (What to Bring, Camp Rules, Expectations, Maps, etc.) will be sent via e-mail upon receipt of the application.

#### **TEAM TRAINING**

If you can get 12 or more players to attend from your team, your group will train and scrimmage together for the entire camp.

We will also keep team members together if there are less than 12, they will just be added together in a group with other individual players.

*Join the Longest Running  
Soccer Camp in the Nation and  
Prepare for Your Next Season!*

**CALL 720-394-5257 or E-Mail [rockymtnsocccamp@juno.com](mailto:rockymtnsocccamp@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 \_\_\_\_\_

## HS BOYS CAMP - LANDER, WY - JULY 31-AUG 2, 2019

X	CAMP NAME	GRADES	DAYS	LOCATION	COST	NUMBERS
	HS BOYS CAMP	9 - 12	WED - FRI	LANDER, WY HIGH SCHOOL FIELDS	\$345 Per Player	12 Player 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 \$ _____