



# PQYSA Summer Soccer Camp

- **July 20-24<sup>th</sup> from 9:00-12:00**
- **Canyonside Park**
- **\$110.00 per player(group discounts available)**

PQYSA is offering this soccer camp to all players in the program. Campers will be taught the skills necessary to play this game successfully. Through activities and games players will be taught dribbling skills such as shielding, feints to beat a player and exercises that they could do at home to improve those skills. Players will be taught the proper techniques of passing, shooting and collecting a soccer ball. Nearly everything we do will involve a soccer ball at a players feet. The camp will be taught by the experienced coaches of PQ Premier and groups will be kept small so that players will get plenty of individual attention.

**Registration deadline 7/15/09(received)**

**Make Checks payable to: PQYSA-Soccer camp**

**MAIL TO: PQYSA – Soccer Camp**

**13989 Davenport Ave.**

**San Diego, CA 92129**

**Questions: E mail: pqstogs@san.rr.com or**

**Phone: (619) 987-8819**

## MEDICAL RELEASE AND REGISTRATION FORM

Players name: \_\_\_\_\_ T-Shirt Size: (circle one) YL AS AM AL  
Address: \_\_\_\_\_ Number of years played: \_\_\_\_\_ Age: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
Phone:(Home) \_\_\_\_\_ Bus./cell. \_\_\_\_\_ E-MAIL: \_\_\_\_\_

List any medical conditions we should be aware of: \_\_\_\_\_

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical 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.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_