



2021 LAKE VIEW CHIEF SOCCER CAMP



The Chief Soccer Camp is open to boys in San Angelo, and the surrounding area, who are interested in learning the game or improving their skills.

Our camp will follow Covid guidelines issued by TEA and UIL. While following these guidelines, for the safety of your children, sessions will be age appropriate with technical ball work and tactics. Players will learn the basics of techniques (dribbling, passing, and shooting), teamwork and discipline all while enjoying the game they love to play.

Join the FUN! The camp includes Games, Awards, and Chief Soccer Camp T-Shirt!

Age	Date	Time	Cost
Incoming 1 st -4 th Grade	June 7th - 9 th (M-W)	6:00 - 7:00 PM	\$20
Incoming 5 th - 9 th Grade	June 7th - 10th (M-TH)	7:15 - 8:30 PM	\$25

Location: San Angelo Sports Complex (Old Bobcat) 1000 Pulliam St., San Angelo, TX 76903

What to Bring: Soccer shoes, shin guards, soccer ball, water

REGISTRATION AND PAYMENT DUE: Saturday, JUNE 5th

No phone reservations will be accepted. No registrations will be accepted after the due date. There will be NO make-up days for missed days or bad weather.

For more information, contact: Kyle Jones at matthew.jones@saisd.org or 325-374-0916

Please keep the top portion of this sheet for your records and mail the bottom portion with your payment to reserve your spot in the camp.



(Please fill out a separate form for each child.)

Child's Name: _____ **Birthdate:** ____/____/____

Incoming Grade for the 2020 school year: _____ **Soccer Experience:** _____ years

Parent(s)/ Guardian(s) Names: _____

Address: _____ **Zip code:** _____

Phone: _____ **Other #:** _____

Email Address: _____

Emergency contact (other than parent): _____

Relationship _____ **Emer. Contact #:** _____

T-shirt size (circle one): Youth: XS S M L Adult: S M L XL

Insurance Waiver: I give my consent and my approval for my child to participate in the Chief Soccer Camp with the understanding that insurance will not be provided by San Angelo ISD. I will not hold any SAISD coach, SAISD employee, or San Angelo ISD responsible for any personal injuries incurred by my child during the camp activities. I also give the director of the camp permission to seek medical treatment for my child in the event of an emergency.

Make checks payable and mail registration to: Kyle Jones
4102 Scarlet Oak Ct. San Angelo, Texas 76904

Parent/Guardian Signature: _____ **Date:** _____