



# 2023 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 and improving their skills.

Our camp sessions are age appropriate that includes technical ball work and tactics all ran and taught by USSF/USC certified coaches. Campers 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 Camp T-Shirt!**

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

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

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

**REGISTRATION AND PAYMENT DUE: WEDNESDAY, JUNE 2<sup>nd</sup>**

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](mailto: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.**

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

**Child's Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Incoming Grade for the 2022 school year:** \_\_\_\_\_ **School:** \_\_\_\_\_

**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**

(Registration may also be dropped off at the address above or at Lake View HS. Contact Coach Jones to schedule appointment.)

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