

CIBOLA GIRLS SOCCER



2024 Cibola Youth Soccer Camp

Dates: June 26th – 28th

Age Group: Players from 8 to 13 both girls and boys

Time: 8 am – 9:30 am players ages 8 and 9

10 am – 12 pm players ages 10-12

Cost: \$70 registration Fee

Walk ins Welcome

The Cibola High School Youth Soccer Camp will give all camp participants the opportunity to develop and enhance their skills and tactical knowledge of the game. The Cibola High School girls' soccer coaches, players, and special guest coaches will provide high quality instruction and fun. The camp is designed for all skill levels. Camp will be held on the Cibola Soccer Field which can be accessed from Coors Bypass and Seven Bar Loop.

Register Online

[Online registration form](#)

Credit Card Payments are through School Pay.
Use the QR code or the given URL to pay

<https://schoolpay.com/pay/for/Girls-Soccer-Youth-Camp-2024/SdjbSkW>



If you prefer to pay with a check, please use the registration from below.

Cibola High School
Attn: Girls Soccer Coach Heath Weihe
1510 Ellison NW
Albuquerque, NM 87114

Make Payment out to Cibola High School Girls Soccer
If you have any questions please contact
Coach Heath Weihe at weihe@aps.edu or Roger Baxter at rnat35@yahoo.com

Cibola Youth Soccer Camp Registration Form

Include a completed copy with mailed payment

Athlete's Name: _____ Age: _____ T-Shirt Size _____

Parent's Name: _____

Home Address: _____

Email Address: _____ Phone: _____

Liability Waiver:

As a parent or legal guardian of the player above, I give permission for her/him to participate in the Cibola High School Youth Soccer Camp. I understand that there is a risk of injury in athletic events. I confirm that my child is covered by a medical policy. I will be responsible for any injury incurred in participation in the program. I hereby agree to indemnify, release and hold harmless APS, Cibola High School, and the staff of the Cibola High School Youth Soccer Camp for any expenses or liability that may be suffered by my child while participating in the Cibola High School Youth Soccer Camp.

Parent or Guardian Name: _____

Signature: _____ Date: _____

Medical Insurance Company: _____ Policy Number: _____