

47th Annual



Rocky Mountain Soccer Camp

MONTROSE MINI - CAMP

*Skills, Games, Scrimmages, Contests,
Ball Machine, Radar Gun, Rebound Nets,
Video Analysis and MORE!*

Mark Perdew - Director



JUNE 2-4, 2017 SUNSET MESA BOYS & GIRLS AGES 8-14
FRI 5-7 pm SAT 9-11 am & 12-2 pm SUN 1-3 pm & 4-6 pm
Only \$100.00 Includes Professional Coaching and a T-Shirt!

The RMSC Mini-Camp Program concentrates mainly on Skill Development in a Fun, Creative and Educational Environment. The Innovative Methods put forth in the Mini-Camp include Skill Training Games, Specialized Training Areas, Small-Sided Scrimmages, Video Analysis and the RMSC Soccer Skill Evaluations. These cutting-edge concepts allow for easy understanding and quick improvement. COME AND JOIN THE FUN! *Quality – Integrity – Tradition Since 1971*

SCHEDULE: SESSION #1 – Dribbling - 1v1 , SESSION #2 – Ball Control - Passing, SESSION #3 – Shooting - Finishing, SESSION #4 – RMSC Soccer Skill Evaluations, SESSION #5 – Parent’s Day Soccer Carnival

CALL 720-394-5257 or E-Mail rockymtnsocccercamp@juno.com for MORE INFORMATION!

COMPLETE the APPLICATION FORM BELOW and MAIL TO: Montrose Avalanche P.O. Box 604 Montrose, CO 81402
REGISTRATION DEADLINE!! SATURDAY, MAY 20, 2017

2017 RMSC MONTROSE MINI SOCCER CAMP APPLICATION = \$100.00 Per Player

CAMPER NAME _____ AGE (As of Camp Date) _____ M/F _____ BIRTHDATE ____/____/____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
E-MAIL ADDRESS _____

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 _____

PARENT/GUARDIAN _____ HOME PHONE _____ MOBILE _____
EMERGENCY CONTACT _____ HOME PHONE _____ MOBILE _____
Please indicate any known ALLERGIES, DISABILITIES or MEDICAL PROBLEMS _____

INSURANCE COMPANY _____ POLICY or GROUP # _____

Please make Checks Payable to: **MONTROSE AVALANCHE**

Mail the Completed Form with Payment of \$100 to: **MONTROSE AVALANCHE P.O. Box 604 Montrose, CO 81402**

Office Use Only: CHECK # _____ DATE _____ NAME _____ AMOUNT _____ BALANCE _____