

# VARD Girls Soccer Academy



**DATES:** June 14 - 18

**AGES:** 6 - 15

**TIMES:** Half day = 9 am to noon  
Full day = 9 am to 3 pm  
*Must be 8 years old or older to attend full day.  
Bring a lunch.*

**COST:** Half day = \$130  
Full day = \$160

**LOCATION:** Dowd Junction Facility  
*(Old Battle Mountain High School)*

**REGISTER:** Below and fax OR online at  
[www.vailrec.com](http://www.vailrec.com)

**FEATURING:**  
guest coach  
**Kristin Luckenbill,**  
previous U.S.  
National Women's  
Team player,  
Olympic gold  
medalist and  
two-time NCAA  
All-American.



Day 1: Dribbling, 1st Attack  
Day 2: Passing, 2nd Attack  
Day 3: 1st and 2nd Defender  
Day 4: Finishing  
Day 5: Crossing & Finishing; Review

End of each session will  
focus on game tactics in  
a World Cup format.

Join some of the valley's top athletes and coaches for this new soccer camp designed for the female player. Players will work on footwork, receiving, touch, shooting and agility in this unique environment.

To register, go to [www.vailrec.com](http://www.vailrec.com)  
or fill out this form and mail or fax with payment to:

**VRD SPORTS**  
700 South Frontage Road East Vail, Colorado 81657  
Fax 479-2281

Cancellations must be received one week prior to camp starting in order to receive a refund minus \$10 handling fee.

Child's Name \_\_\_\_\_  
Male  Female  Date of Birth \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
School \_\_\_\_\_ Grade \_\_\_\_\_  
Uniform Size: Youth S  M  L  Adult S  M  L   
Signing up for:  FULL DAY  HALF DAY

Any physical conditions or allergies the coach should know about?

\_\_\_\_\_  
Mother's Name \_\_\_\_\_  
Mother's Phone Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
Mother's Email \_\_\_\_\_  
Father's Name \_\_\_\_\_  
Father's Phone Home \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_  
Father's Email \_\_\_\_\_  
Emergency Contact \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell/Work Phone \_\_\_\_\_

Agreement to Waive Legal Rights in consideration of being permitted to take part in the activity set forth herein, I expressly agree as follows: I hereby acknowledge 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 or I are participating in such activity. I or my child am in good health and physically able to participate in said activity. I agree to waive and release the Vail Recreation District, MLS Camps, Skyhawk Sports Academies, Back2Basics All-Star Basketball Academy, Howard head, CSU and CSU Pueblo and their officers, employees, agents, servants, and all representatives and sponsors from any injury to or my child may sustain or any damage that may be caused to me or my child's property during said activities. I give permission for my child to ride on the Town of Vail buses, in any VRD vehicle and on Eagle County School District buses. I also authorize and consent to any emergency x-ray examination, medical diagnosis or treatment and hospital care to be rendered to me or my child under the general or special supervision and on the advise of any physician licensed to practice in the State of Colorado. Participants may be photographed and such photographs may be used to publicize events.

Parent/Guardian Signature \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_  
PAYMENT: Amount Received: \$ \_\_\_\_\_  Cash  Check # \_\_\_\_\_  
 Charge # \_\_\_\_\_ Exp. \_\_\_\_\_  
Cardholder \_\_\_\_\_



**VRD SPORTS**  
970-479-2280 • Fax 970-479-2281  
[www.vailrec.com](http://www.vailrec.com)