


Fourth Annual • Ages 6 - 16

# MARCELO BALBOA SUMMER SOCCER CAMPS



**Week 1: June 1-4**  
9:00 am - 2:00 pm

**Week 2: July 19-23**  
9:00 am - 1:00 pm

Williams Field at Community Park • 1350 Coalton Road, Superior

## OUR PHILOSOPHY

We feel that **soccer camp** should be a **fun experience**.

Our goal is to provide a fun, challenging environment where campers have an **opportunity to develop** both as **individuals** and as **soccer players**.

## CAMP ACTIVITIES

**As a camp participant, each day you'll:** Do warm-up and stretching combined with fun games • Work on technical training, dribbling, receiving, ball control, heading and shooting • Play mini games where newly learned skills are applied • Finish the day with cool down & stretching

## CAMP COST & SIGN UP

PLEASE INCLUDE Class Code with registration: Week 1: 205802A1 • Week 2: 205802B1 • Both weeks: 205802C1  
REGISTRATION DEADLINES: Week 1: 5/28/10 • Week 2: 7/9/10 • Both weeks: 5/28/10

### Superior residents:

**One week: \$120** Sibling's discount rate: \$80

**Both weeks: \$200** Sibling's discount rate: \$160

### Non-residents:

**One week: \$130** Sibling's discount rate: \$90

**Both weeks: \$210** Sibling's discount rate: \$180

Mail Registration form  
and payment to:

**Town of Superior Rec. Office**

127 Coal Creek Dr.

Superior, CO 80027

303-554 9005





# Town of Superior Program Registration Form

**Complete this section if you have a HOUSEHOLD ID number:**

Adult Participant or Parent Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Street Address: \_\_\_\_\_

**Complete this section if your information has CHANGED or you are NEW to the Town:**

Adult Participant or Parent Name: \_\_\_\_\_  
 Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
 Phone: \_\_\_\_\_

**Complete this section to REGISTER for programs:**

Participant Name	M/F	Birth Date	Shirt (Yth/Adt S-XL)	Code	Start Date	Fee

**Liability Release - Read Carefully**

I AGREE TO INDEMNIFY AND HOLD HARMLESS THE TOWN OF SUPERIOR, ITS OFFICERS, EMPLOYEES, AGENTS, CONSULTANTS, SUBCONTRACTORS, INSURERS AND REPRESENTATIVES (COLLECTIVELY THE "TOWN"), FOR ANY LOSS, DAMAGE OR INJURY TO MYSELF OR MY PROPERTY IN ANY WAY RELATED TO MY PARTICIPATION IN TOWN PROGRAMS. THIS RELEASE OF LIABILITY APPLIES TO ME AS WELL AS ANY OF MY CHILDREN, PERSONAL REPRESENTATIVES, ASSIGNS, HEIRS AND NEXT OF KIN. I AUTHORIZE THE TOWN IN A MEDICAL EMERGENCY TO SEEK EMERGENCY MEDIAL ASSISTANCE AT MY EXPENSE. I GIVE PERMISSION TO THE TOWN TO USE ANY PHOTOGRAPHS, VIDEOTAPE OR OTHER MEDIA RECORD OF MY PARTICIPATION IN TOWN PROGRAMS FOR ANY LAWFUL PURPOSE, WITHOUT COMPENSATION.

**Signature of participant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (or parent/guardian)

Information provided here is for the Town of Superior use only. We do not share information with outside sources.

**Fee Information and Payment (OFFICE USE ONLY)**

Total Fees: \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_  
 Visa/Master Card # \_\_\_\_\_ Exp. Date: \_\_\_\_\_ V Code: \_\_\_\_\_  
 Intake Initials: \_\_\_\_\_ Date: \_\_\_\_\_ Registration Initials: \_\_\_\_\_ Date: \_\_\_\_\_