



TREJO SOCCER ACADEMY

Here at the Trejo Soccer Academy our goal is to help players from beginner to elite level through coaching. We want players to understand the process needed to improve their game. Over the five-day camp experience we will work on the fundamentals all the way to analyzing a players positional positioning on the field. We express positive learning through drills, tactical analysis, and games. Every player is important to us and we will work very hard to push your goals as a player to be successful.

Never played before, but would like to learn? This is a good camp for beginners to understand the basic rules, positions, and skills needed to play the game of soccer. We have an experienced coaching staff that will guide each individual player to learn certain aspects of the game that will enhance their performance in games. We hope you will consider giving our program a chance. Our camp has been very blessed to have wonderful campers come with enthusiasm to learn and to be coached. So take your game to the next level and sign up today!

CAMP DATE: JULY 26-30, 2021

**LOCATION: DUNBAR FIELDS
286 Learning Way Drive
Forest City, NC 28043**

**COST
\$125**

*only choose one session and choose age group based on preference

*each camper will receive a t-shirt, ball, certificate of completion, and evaluation

* due to inclement weather we may reschedule for another day

*must bring water bottle and shin guards

* NO REFUND

If you would like to sign up online, or want more information about the sessions and coaches please visit us at

www.trejosocceracademy.com

If you would rather pay by mail... you can send in this application.

TREJO SOCCER ACADEMY APPLICATION

SEND PAYMENT AND APPLICATION TO:

TREJO SOCCER ACADEMY
PO BOX 133
MILL SPRING, NC 28756
EMAIL: trejosocceracademy@gmail.com
CELL: (828) 817-5074

PAYMENT METHOD (\$125)

CHECK (PAYABLE TO JOSHUA
TREJO)

CASH

CREDIT (LOCATIONS AND DATES POSTED
ONLINE)

CAMP DATES: JULY 26-30th 2021

Print Name (Parent/Guardian): _____

Phone Number: _____

Email (Parent/Guardian):

Address (Parent/Guardian):

SESSION I (8:00 – 10:30 am) Ages 4-10

SESSION II (5:00 – 8:00 pm) Ages-11-18

Reason for wanting Session II if under age of 11

Print Name (Camper): _____

MALE FEMALE AGE: _____

POSITION: GOALKEEPER DEFENDER

MIDFIELDER FORWARD

T-SHIRT SIZE: YS YM YL YXL S M L XL

XXL

Emergency Contact Name: _____

Phone Number: _____

WAVIER

Signing this states that Trejo Soccer Academy is not responsible for any previous injury or recurrence of any injury. I will not hold Trejo Soccer Academy, instructors, or ICC accountable for any claims of personal illness or injury that my child may sustain during camp.

Parent/Guardian

Signature: _____

Date: _____

Authorization for Emergency Treatment:

I hereby give permission for the minor named above to receive emergency medical treatment, in the event of an emergency that I/we cannot be reached. I understand that this will be at my expense.

Parent/Guardian

Signature: _____

Date: _____

Photography Release: I hereby authorize TSA to publish photographs taken (for the year 2021) of myself and/or the minor child or children listed, for use in the (TSA Camp)'s print, online and video-based materials, as well as other camp publications.

Parent/Guardian

Signature: _____

Date: _____

*you will receive a confirmation email when Trejo Soccer Academy has received payment, any questions or concerns please call (828) 817-0793 or email trejosocceracademy@gmail.com