



Taos Girls Soccer Academy



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NINTH ANNUAL GIRLS ONLY SOCCER CAMP

JULY 31 - AUGUST 3
(AGES U6 AND ABOVE)



CAMP COST: \$100 PER CHILD
LOCATION: TAOS ECO PARK
TIME: 9:00 AM - 11:00 AM



Taos Girls Soccer Academy

The Taos Girls Soccer Academy

PRESENTS AN

"ALL GIRLS SOCCER SKILZS CAMP"

THE CAMP IS FOR GIRLS ONLY

AGES UNDER SIX U6 AND ABOVE






THE CAMP WILL BE RUN BY MEMBERS OF THE
TAOS HIGH SCHOOL LADY TIGERS SOCCER TEAM

Under the Direction of
CASEY TONREY & MICHAEL HENSLEY






For More Information contact Casey Tonrey or Michael Hensley
Casey Tonrey: 575-770-1464 . Email: ectonrey@hotmail.com
Michael Hensley: 575-770-6038 . Email: hensleyfineart@yahoo.com



-  ENROLLMENT IS LIMITED
-  YOUR CHECK RESERVES YOUR SPOT | CASH NOT ACCEPTED
-  MONEY NON-REFUNDABLE
-  BRING WATER AND SHIN GUARDS
-  BALLS WILL BE PROVIDED FOR CAMP USE

Make your check payable to: **TIGER SOCCER**
 Mail your enrollment form to:

 Michael M. Hensley
 1335 Paseo del Pueblo Sur #113
 Taos, NM 87571

 Lady Tigers | Girls Soccer Academy Session I: _____

Participants Name: _____

Age: ____ Date of Birth: _____ Age Division Last Played In: U-6____ U-8____ U-10____ U-12____ U-14____

Allergies, Medical Conditions: _____

Father's Name: _____ Home Phone: _____ Cell Phone: _____

Mother's Name: _____ Home Phone: _____ Cell Phone: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____


Email: _____

In an emergency when parent/guardian cannot be reached, please contact the following:

Name: _____ Phone: _____

Name: _____ Phone: _____

This Authorization for emergency medical treatment must be completed before a player begins participation. I the undersigned, (if the applicant/participant is 18 years of age or older) or parent/guardian of the above listed minor applicant/participant acknowledge and fully understand the following information. There are risks connected with my participation in this camp and its related activities. I release, waive, discharge and covenant not to sue event sponsors, event charities and their workers, employees and directors, from all action, suits and demands whatsoever in law or in equity from demand, losses or damages on account of injury including death caused in whole or in part by the negligence of the releasee or otherwise. I hereby give my consent to have an athletic trainer, coach and/or doctor of medicine or dentistry or associated personnel to provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I, also agree to save and hold harmless and indemnify each and all parties herein referred to above as releases from all liability, loss, cost, claim or damage whatsoever, including death or damage to property, which may be imposed upon said releases because of any defect in or lack of such capacity to so act or caused or alleged to be caused in whole or in part by the negligence of the releases. I have read the above waiver/release and understand that (I) we have given up the rights by signing this release and sign below voluntarily.

 Parent/Guardian Signature: _____ Date: _____