



## Spring 2008 Academy

**U7– U16 GIRLS**

**Focus on Foot Skills and Small Sided Games**

**When: Monday, Tuesday, Wednesday and Thursday  
10 weeks @ 5:00 - 6:15pm**

**Cost: \$50 for one session or \$100 for two sessions per week**

**Where: Meyer Park Field 27  
(Bring ball, shin guards and water)**

**Trainers: Pursuit Staff**

**For more information: [Academy@pursuitsoccer.org](mailto:Academy@pursuitsoccer.org)**

**Official Pursuit Practice Uniform available: \$20  
Includes: Nike Shorts, Nike T-Shirt & Nike Socks**

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Indicate Day or Days Requested: Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_

Child's Name \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Father's Name \_\_\_\_\_ Mother's Name \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ ZIP \_\_\_\_\_

Have you attended Pursuit Academy before? \_\_\_\_\_ School \_\_\_\_\_

I have enclosed \$ \_\_\_\_\_ for \_\_\_\_\_ session(s) per week for 10 weeks.

**Make checks payable to Pursuit Soccer Club. Turn in forms the first day of Academy at Field 27.**

I hereby authorize the Pursuit Soccer Club staff to act for me in according to their best judgment in any emergency situation and hereby waive and release Pursuit Soccer Club and staff from any and all liability for injuries or illness while at academy. I have no knowledge of any physical or mental impairment would keep my child from participating in this academy.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_ Paid \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_

**Visit our website at: [www.pursuitsoccer.org](http://www.pursuitsoccer.org)**