



**UNIVERSITY OF NEW MEXICO
2009 LOBO SOCCER ACADEMY TAOS EDITION**

JEREMY FISHBEIN HEAD COACH OF THE UNM MEN'S SOCCER PROGRAM AND A FULL STAFF INCLUDING ASSISTANTS PAUL SOLIDERS AND JEFF ROWLAND FORMER MLS PLAYER AND UNM ALL AMERICAN ARE BRINGING COLLEGE LEVEL COACHING TO TAOS!

JUNE 8TH-12TH 2009

OPEN TO BOYS AND GIRLS

AGES 11-18 YRS OLD

RANCHOS SOCCER COMPLEX

9:00-11:30AM

COST IS \$140 PER PLAYER

(\$150 IF RECEIVED AFTER 6/1/09)

DISCOUNT FOR SIBLINGS APPLY

EACH CAMPER WILL RECEIVE A

NIKE SOCCER BALL & T-SHIRT

DON'T MISS THIS OPPORTUNITY TO WORK DIRECTLY WITH THE COACHING STAFF FROM ONE THE TOP DIVISION 1 SOCCER PROGRAMS IN THE COUNTRY. DON'T WAIT SIGN UP TODAY!

For additional information and call Lee Backer @ 770-3043 or email lbacker@cidsfoodmarket.com



**UNM MENS SOCCER
NCAA TOURNAMENT APPEARANCES
2001, 2002, 2004, 2005, 2006, 2007 MOUNTAIN PACIFIC SPORTS
FEDERATION CHAMPIONS**



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REGISTRATION FORM:

PLAYER NAME: _____

PLAYER AGE: _____

TELEPHONE NUMBER: _____

TOTAL AMOUNT PAID: _____

CAMP DETAILS:

- MAKE CHECKS PAYABLE TO "THS BOY'S SOCCER PROGRAM"
- PAYMENTS RESERVE A SPOT IN THE CAMP. ALL PAYMENTS ARE NON-REFUNDABLE.
- CAMP SESSION ARE TO BEGIN AT 9:30 SHARP. PLEASE DON'T BE LATE
- CAMPERS SHOULD COME EQUIPTED WITH PROPER SOCCER ATTIRE INCLUDING CLEATS, SHIN GAURDS, AND WATER.
- TRAINED MEDICAL PERSONNEL WILL BE PRESENT WITH MED SUPPLIES.
- PLEASE FILL OUT LIABILITY RELEASE FORM COMPLETELY AND RETURN WITH REGISTRATION FORM.

Liability Release Form

Participants Name:

Age: ____ Date of Birth: _____ Age Division Last
Played In: _____

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: _____