



ACADEMYGK-USA

CORE GOALKEEPER ACADEMY is proud to announce they are partnering with ACADEMYGK-USA to bring to all the goalkeepers of Colorado, the best Goalkeeper Camp this Summer in CO!!

COLORADO RAPIDS GOALKEEPER, Director and Head Coach of the Core Goalkeeper Academy: - **CHRIS SHARPE**, will be running and directing the program, along with the ACADEMYGK-USA Staff.

Core Goalkeeper Academy Assistant Director's of Coaching: - **ANDREW CURRENT and PHILIP JACKSON**, will be assisting with the summer academy.

"SIGN UP FOR 9 SESSIONS \$200 - 12 SESSIONS \$225 OR 15 SESSIONS \$250"

IF YOU SIGN UP FOR 15 SESSIONS BEFORE MAY 15th YOU WILL RECEIVE A FREE PAIR OF UHLSPORT GOALKEEPER GLOVES.
EACH GOALKEEPER WILL RECEIVE A CAMP T-SHIRT AND WATER BOTTLE.

ALL GOALKEEPERS SIGNING UP FOR 12-15 SESSIONS WILL RECEIVE 5 - 30 MINUTE STRENGTH AND FITNESS SESSIONS CONDUCTED BY ELITE BODY FITNESS.

WHERE: - COLLEGIATE ACADEMY 8420 South Sangre de Cristo Road - Littleton, CO 80127 (TURF FIELD)

WHEN: - 5:00 - 6:00 pm Boys & Girls U11-U12
6:00 - 7:00 pm Boys & Girls U13-U14
7:00 - 8:00 pm Boys & Girls U15-U18

DATES: - June 15, 16, 17, 29, 30 July 1, 13, 14, 15, 27, 28, 29 August 2, 3, 4

*****REGISTRATION DEADLINE MONDAY JUNE 1st 2010*****

Core GK Academy 2010 DENVER Summer Camp:-

Name: _____
 Age: _____ M/F _____ DOB _____
 Address: _____
 City: _____ Zip: _____
 Parent/Guardian's Name/s: _____
 Phone (Home) _____
 Emergency Phone # _____
 Email Address _____

Goalkeeper Camp Costs : (Please Tick).

DEPOSIT (non re-fundable) \$50
U11-U12 ___ U13-U14 ___ U15-U18 ___
 9 Sessions \$200 ___ 12 Sessions \$225 ___ 15 Sessions \$250 ___
 Glove Size (15 session Goalkeepers ONLY Before May 15th) _____
 T-SHIRT SIZE YS ___ YM ___ YL ___ AS ___ AM ___ AL ___

Payment: Make Payable and mail/fax to Core Soccer

_____ \$50 non-refundable deposit due at time of registration (final amount due by June 1st 2010)
 _____ Full Payment
(DEADLINE FRIDAY June 1st 2010)
 Ck _____ or CC _____
 CC# _____
 Exp.Date _____
 Signature _____
 Name on Card _____

Parents release for medical treatment:

My child has my permission to play soccer. On my child's behalf I hereby release persons with Core Soccer Academy & Boulder County Force of liability for injury from risks normally associated with playing or watching soccer. I authorize the coaches or training officials to obtain medical attention for my child in case of any emergency if unable to reach the physician stated below, and I release them from any responsibility for such medical attention.

Parent/Guardian signature:

Physician

Name: _____
Phone: _____

For more information Contact:- CORE GK ACADEMY

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