



Rio Vista Football Club Finishing Camp Summer 2010

June 7th – 11th (9am – 11am) @ ADO

U9s, U10s, U11s & U12s

\$75 to RVFC players \$85 to non RVFC Players
(Price is for five, two hour sessions)

Finishing Camp (U9 – U12 boys & girls)

RVFC is delighted to offer a finishing camp to all players in the U9 – U12 age groups. The intensive two hour a day program will help sharpen skills for all players for the upcoming Fall season and will include the following:

- Ball control
- Goalkeeping
- Shooting
- Speed, agility & quickness
- Technical development (striking balls, 1v1 attacking)

All sessions will be coached by the professional staff of Rio Vista FC.

**THIS PROGRAM IS OPEN TO ALL PLAYERS. PLAYERS MAY ATTEND ONE SESSION
(\$20 EACH SESSION)**

Name _____ U - _____ Gender _____ Camp Type _____

Club/Team _____ Parent/GuardianName _____

Emergency phone # _____ E-mail _____

**Please make all checks payable to “Rio Vista F.C.”
Mail Check with registration to: 9010 Hendrix NE, Albuquerque, NM, 87111**

Players must bring the following: Own ball, water and appropriate soccer gear.
Enrollment is on first come first served basis.

I verify that my child has been checked by a licensed physician and is physically able to participate in the sports camp. I agree to allow my child to be treated by a licensed physician while attending, if necessary, and to assume all costs related to such treatment. I authorize my insurance company to pay benefits. Also, I authorize the disclosure of medical information to my insurance company for the purpose of the claim. I understand that if this application is accepted, there is no refund of the deposit if we (parent or child) should cancel the application later. Hold Harmless Agreement: I and my heirs hereby release Rio Vista F.C. and employees, officers, and agents from any liability for damages to or loss of personal property, sickness, and injury from whatever source, legal entanglement, imprisonment, death, loss of money etc., for which the camp is not culpable, which might occur while participating in this camp.

Parent's/Guardian's Signature: _____ Date: _____

If the participant is not a registered Rio Vista F.C. player please ensure the team coach signs the coach release below.

I _____ coach of _____ Soccer team give permission for my player to take

part in the Rio Vista F.C. Spring Soccer Camp. Signature : _____ Date: _____

Enquiries call Matt Gordon: at (505) 918 7100