



Bobby Moffat's 2009



4 Winter Break Indoor Soccer Camps

For Boys & Girls 5-14 - Cost \$85



Fretz Only
Indoor - Outdoor
Facilities available if
the weather is good



Dec. 21-22-23 (Mon. thru Wed.) 9am-12:00pm

Camp #1 Blue Sky Indoor Complex - 7801 Main St., The Colony

**Camp #2 * Fretz Park Recreation Center - 6950 Belt Line Rd., Dallas
S.E. Corner Hillcrest & Beltline, 2 miles N. of LBJ - (214/670-6203)**

Sign-up for Fretz is done thru the Rec Center - Call or Stop By



Dec. 28-29-30 (Mon. thru Wed.) 9am-12:00pm

**Camp #3 Sole Roll Indoor - 4435 McEwan Rd., North Dallas
1 Blk N. of LBJ on Midway, right on McEwan, 1/4 mile on left**

Camp #4 Blue Sky Indoor Complex - 7801 Main St., The Colony

**For Details Call:
972 / 649-7933**

Mail application/registration & release form, plus a self-addressed envelope with full payment to:

Winter Break Camp, P.O. Box 966, Allen, TX 75013-0016

Fax : 972 / 649-7928

Sign up on line at www.soccermoffat.com

MUST BE FILLED OUT Soccer Camp-Clinic Registration & Release Form (For N.T.S.S.A. Association)

"The recruiting of players for the benefit of any individual, team, club and/or organization is strictly prohibited. Any person having knowledge of any player recruitment at or through this soccer clinic, camp, academy, private lesson, etc., would report same, in writing, to the Youth Commissioner of NTSSA. The NTSSA Youth Commissioner shall deal with the alleged violation in accordance with NTSSA Rule 3.10. (Recruiting is any action or statement, made by anyone, either verbally or in writing, that encourages or entices a player to register with a particular coach, team and/or organization.)"

I HAVE READ AND DO UNDERSTAND THE PRECEDING DISCLAIMER

Parent Signature _____ Date _____ Player Signature _____ Date _____

Players Current Team Name _____ Players Home Soccer Association _____

2009 WINTER BREAK SOCCER CAMP APPLICATION FORM

Please reserve my place at Session #

For Office Use Only : INT

Date Received _____ Amount \$ _____

CK M/O

Name _____

Address _____ City _____ State _____ Zip _____ Age _____

Birthdate _____ Sex _____ Home Phone _____ Cell. Phone _____

Bus. Phone _____ E-mail _____ Emergency # _____

PLEASE PRINT

Payments to: Moffat Enterprises Inc. (MEI)

Each application must be accompanied by full payment Check # _____ Amount _____ **Credit Card sign-ups online only at soccermoffat.com**

Does your child have any allergies or other limitations we should be aware of? Yes No If yes what? _____

IMPORTANT -Please Read Carefully!!

1. In case of accident or sudden illness, I request Techniques Soccer Camp to contact me. In the event I cannot be reached, I hereby authorize Techniques Soccer Camp to contact my child's physician and if deemed necessary, I hereby authorize Techniques Soccer Camp to transport my child to the physician I have listed below, or to a local emergency room. I understand that this release is good only for the period my child is in camp.

Physician's Name _____ Physician's Phone # _____

2 My child has permission to attend Techniques Soccer Camp and I hereby release Moffat Enterprises Inc. (MEI), Bobby Moffat and his staff as well as any co-sponsoring agencies from any liabilities, damages or injuries, not covered by insurance, which occur during the week my child attends camp

Parent's / Guardian's Signature (for medical release and permission to attend camp) *

