



CHALLENGER SOCCER ACADEMY



COPPELL YOUTH SOCCER ASSOCIATION PLAYER DEVELOPMENT PROGRAM

Coppell Youth Soccer Association is proud to announce the return of the Player Development Program, partnering with the Challenger Soccer Academy.

For more information please contact:

George Williams

p. 469.713.2740

e. georgewilliams@challengersports.com

Challenger's Professional British & Brazilian Coaches are coming to teach players the fundamental skills they need to take their game to the next level. Weekly sessions guarantee your players are sure to have fun while practicing game-related technical activities.

DATES: Wednesdays, March 22nd - April 19th
or
Fridays, March 24th - April 21st
LOCATION: Wagon Wheel Park

Age	Session Times	Cost
U5-U6 Player Development Program	5:30-6:30pm	\$20
U7-U8 Player Development Program	6:30-7:30pm	\$20
U9-U12 Player Development Program	6:30-7:30pm	\$20
U13+ Player Development Program	6:30-7:30pm	\$20
U8-U19 Goalkeeper Development Program	6:30-7:30pm	\$20



WWW.CHALLENGERSPORTS.COM

800.878.2167

Player Name _____
 Player Age _____ Male _____ Female _____ D.O.B. _____
 Organization Name Coppell Youth Soccer Association Camp Date WEDS / FRI
 Camp Program _____ Time _____
 Parent/Guardian _____
 Address _____
 City _____ St _____ Zip _____
 Phone _____
 Email _____
 Emergency Contact _____ # _____

***All cancellations are subject to \$40 non-refundable deposit.**
***No refunds for cancellations less than 10 days prior to camp.**
 Payment in Full - Camp Fee Enclosed (or enter credit card details at bottom of page)
 \$ _____ Check number _____

Checks payable to Challenger Sports

I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes.

Parent Signature _____ Date _____

[_____] Yes, we are interested in hosting a coach.

Name on Credit Card _____
 Card # _____ Exp. Date _____ CVV # _____

Credit card information will be destroyed immediately after processing.

ONLINE REGISTRATION IS AVAILABLE AT WWW.CHALLENGERSPORTS.COM

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