

\*Do you want to increase your soccer skills?

\*Do you like to have lots of fun?

\*Would you like to get to play soccer with the Mustangs?

Then, you need to attend CAC's girls and boys soccer camp!

Thanks to our Sponsor

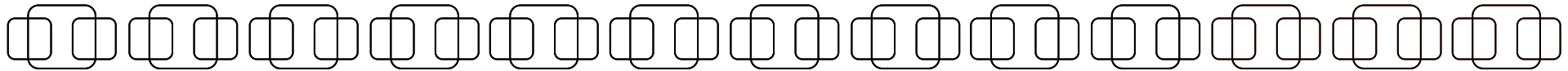


Central Arkansas Christian School  
#1 Windsong Dr.  
North Little Rock, AR 72113



# Central Arkansas Christian 5<sup>th</sup> Annual Soccer Camp





# Camp Facts

For: Boys and girls who have completed grades K-8

When: June 7-10

Hours: 8am-12pm Mon-Wed & 8am-11am Thursday

Where: CAC High School soccer field

Cost: \$75 if you register by 5/1/10. \$100 for late registration~ **NO EXCEPTIONS!**

*Sibling discount: \$75 first child (if before 5/1/10), \$5 discount for each additional sibling*

Your child will receive:

\*a CAC soccer camp t-shirt

\*a soccer ball

\*personalized soccer instruction from the CAC Mustang and Lady Mustang high school soccer players, along with Coach Mina, head coach of the Mustang soccer team.



# CAC Soccer Camp Registration and Health Form

Sign up for:

Time Price

8a-12p	
Mo-Wed	75.00 (\$100 if not by 5/1/10)
8a-11a	Sibling discount: \$75 first child (if before 5/1/10),
Thu	\$5 discount for each additional sibling

CAC Soccer Camp  
My child is a: (check one)

Boy  Girl

Grade completed in 2009-10 school year (check one):

K  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>  4<sup>th</sup>  5<sup>th</sup>  6<sup>th</sup>  7<sup>th</sup>  8<sup>th</sup>

Camper's Name: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Emergency Contact (in case unable to reach parents): \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Type of Payment (check one):

Cash  Check made out to CAC

If the camper has not had a physical examination in the past year, such an exam is recommended.

Is the camper on any special medication that might affect his/her activity?  Yes (please explain)  No

Is there any reason why the camper should not participate in long periods of exercise?

Yes (please explain)  No

Preferred Physician: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

I understand and agree that my signature releases the camp, CAC and any participating party from liability in the event of injury and/or treatment of an injury, illness or medical problem. My signature also authorizes treatment of an injury or medical problem by trained medical personnel in the event of an emergency. I also understand that Mustang Soccer Camp/CAC will not carry insurance for any camper and that any costs incurred in the treatment of any injury or medical problem are the camper's responsibility.

Return to CAC high school, either elementary campus

OR mail form with payment to:  
Central Arkansas Christian School

Attention: Coach Fabian Mina

#1 Windsong Dr.

North Little Rock, AR 72113

Phone: 501-758-3160

E-mail: fmina@cacmustangs.org

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_