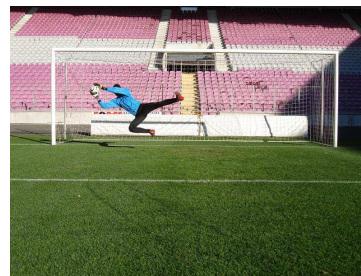
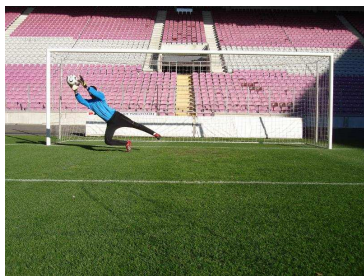


# Core Soccer Academy's 2008 Professional Goalkeeper Camp By Chris Sharpe – Colorado Rapids Keeper



**3 weeks/ 3 sessions per week**    1 hour sessions – Max 10-12 players per group/2 Coaches  
 4-5pm – U6-U10 Boys and Girls    5-6pm – U11-U14 Boys & Girls    6-7pm – U15-U18 Boys & Girls

**Dates:** June 9-12, June 16-19, June 23-26 - Mon, Wed and Thurs

**Registration Deadline: June 2, 2008    Training Location: Landings Park**

**Please register early as our camps fill up quickly.**

Week 1 - \$90                      Week 2 - \$90                      Week 3 - \$90  
 Full Camp - \$240

**Core Soccer Goal Keeper Coach:**

**Chris Sharpe**

- 2007-08 Colorado Rapids
- 2006-07 Viborg FC Danish Premier League Goalie
- 2005 Chesterfield FC
- 2004 U23 Australian National Team
- 2000-01 U20 Australian National Team
- 2002-04 Northern Spirit & Parramatta Power FC  
(Australian National League)
- 2000-01 Southampton FC Youths
- 1998-99 Blackburn Rovers Youths
- Coaching Experience:
- Australian Goalkeepers Academy
- Vermont Voltage Coaching Academy
- Core Soccer Academy
- Colorado Rapids Academy

**Assistant Coaches for the Academy will be Core Coaches and Fort Collins Force players.**

For additional info or downloadable flyers visit:  
[www.coresoccer.com](http://www.coresoccer.com)



**Core Goal Keepers Summer Academy 2008 Registration Form**

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

\$50 non refundable deposit due with registration. Final payment due 1 week before start of camp. If deposit made with CC, final payment will automatically be charged on June 2<sup>nd</sup>.

**Goalkeeper Camp Cost**

- \_\_\_\_\_ Week 1, June 9-12 \$90
- \_\_\_\_\_ Week 2, June 16-19 \$90
- \_\_\_\_\_ Week 3, June 23-26 \$90
- \_\_\_\_\_ Full Camp \$250

Payment: \_\_\_\_\_ \$50 Dep or \_\_\_\_\_ Full 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 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: \_\_\_\_\_

To register call or email:  
**Chris or Wendy**  
 #207-1886 Phone #207-1486 Fax  
[chris@coresoccer.com](mailto:chris@coresoccer.com)

Mail To:  
 Core Soccer Academy  
 3534 JFK Pkwy, Ste C  
 Fort Collins, CO 80525