



WARRIOR SOCCER CAMP

Students 5-16 years of age

Date: May 31 - June 3, 2011

Time: **Session 1** **Ages 5yrs-9yrs** 8:00 a.m. – 11:30 a.m.
 Session 2 **Ages 10yrs-16yrs** 5:00 p.m. – 8:30 p.m.

Location: Cypress Christian School – Football/Soccer Field
 11123 Cypress N. Houston Road, Houston, Texas 77065

Cost: \$125 includes t-shirt, certificates and awards
 Make checks payable to Cypress Christian School

Camp Director: Marsha Martin, Athletic Director Marsha.Martin@CypressChristian.org
 Ade Adeniran, Camp Director, CCS Soccer Coordinator, Varsity Boys Soccer Coach
 Lisa Morgan, CCS Varsity Girls Soccer Coach
 281-469-8829

Please detach here. Mail or return the lower portion to the CCS office,
 along with your check made payable to Cypress Christian School. Keep the upper portion for your reference.

Camper's Name _____ Age _____

Grade Entering _____ Sex _____

Address _____ City _____ Zip _____

Home Phone _____ Parent's Cell Phone _____

School camper will attend in the fall _____

Circle one: Session 1 Session 2

Circle T-Shirt size: YL AS AM AL AXL AXXL

I hereby authorize the directors of the **Cypress Christian Soccer Camp** to act for me according to their best judgment in any emergency regarding medical attention. This authorization shall waive, release, and absolve the **Cypress Christian Soccer Camp** and coaches from any liability for injury or illness incurred at the camp.

Signature of Parent/Guardian _____ Date _____