

# COYOTE FUTSAL CAMP

FUTSAL IS THE OFFICIAL SOCCER INDOOR GAME PLAYED ON A BASKETBALL-LIKE COURT WITH 5 ON EACH SIDE. FUTSAL USES A SMALLER AREA OF PLAY AND A SMALLER WEIGHTED BALL TO FOCUS ON ENHANCING SKILLS IN QUICK DECISION MAKING AND BALL CONTROL.

## CAMP DATES

### All Skills Camp – Two Sessions:

Grades 8 -12 and 3 - 7

### Feb. 14 & 15 (Saturday and Sunday):

Grades 3 -7: 12:30pm–3:00pm

Grades 8 -12: 3:30pm–6:00pm

### February 16 (Monday - President's Day):

Grades 3 - 7: 8:00am–10:00am

Grades 8 -12:10:00am–12:00pm

## FEE & REGISTRATION

(Please Print)

Fee: \$50 for camp and T-shirt

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

Age: \_\_\_\_\_

Grade: \_\_\_\_\_

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

State \_\_\_\_\_ Zip \_\_\_\_\_

E-Mail: \_\_\_\_\_

Camp T-Shirt Size:

Small  Medium  Large  XL  XXL

Total Fees Included: \$ \_\_\_\_\_

Checks Payable to: USD Soccer.

Each player must fill out registration form with parent/legal guardian signature.

### Send application with camp fee to:

COYOTE Futsal CAMP

DakotaDome

414 E. Clark Street

Vermillion, SD 57069

## CURRICULUM

(appropriate to age level):

- Technique
- Small Games
- Competition
- Fun Activities

## PARENTAL CONSENT

(Parent's Release and Indemnity Agreement to Camp)

In consideration of the acceptance of this application for enrollment in the 2009 Futsal Camp, I/WE, intending to be legally bound, hereby for myself, my heirs, executors and administrators, waive and release any and all rights and claims for damages I may have against, all sponsors and all employees of the 2009 Futsal Camp for any or all damages which may be sustained and suffered by me in connection with my/our association with, or entry into this camp, and which may arise out of traveling to, participation in or returning from the camp. I/We hereby grant permission for my/our child to be a participant in the Futsal Camp and if any injury should occur during, traveling to or returning from the camp, I/We agree to pay all costs, present and future, through my/our medical insurance policy and/or personal finances.

Parent's/Guardian Signature

\_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Nighttime Phone #: \_\_\_\_\_

If you are a person with a disability and desire any assistive devices, services or other accommodations to participate in this activity, please contact Disability Services at 605-677-6389 to request accommodations at least 48 hours prior to the event. EOE/AA



For more information, or to reserve your spot at team camp call:

**605-677-3165**