



**Individual, Team,  
and  
Coaches  
Soccer Training**



Presented by



**Cris Vaccaro Soccer**

www.vaccarosoccer.com



**REGISTRATION FORM**

**CRIS VACCARO'S INDIVIDUAL, TEAM, AND COACHES SOCCER TRAINING PROGRAMS**

TEAM CAMP    REP: \_\_\_\_\_    DIV: \_\_\_\_\_

Date of Camp: \_\_\_\_\_ Time: \_\_\_\_\_

Player's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Position: \_\_\_\_\_ Soccer Organization: \_\_\_\_\_

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

Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail (please print clearly): \_\_\_\_\_



**We are pleased to offer your summer soccer camp, directed by Cris Vaccaro, an 18-year professional soccer player and former Puerto Rican National Team Head Coach. The camp's coaching staff is comprised of veteran trainers. The primary goal of the camp is to develop and enhance the skills of young players through fun activities and small-sided games.**

Please plan to arrive 15 minutes prior to camp on the first day. All players come prepared with shin guards, soccer shoes, soccer ball, and plenty of water. For additional information, contact Cris Vaccaro at 856.753.1949. (All soccer pictures/movies taken at camp may be used at the discretion of Cris Vaccaro. Example: Future instruction, brochures, etc.) Camp takes place rain or shine but cancellation for extreme weather conditions will be made on the field the day of the camp. Cris Vaccaro has no control over the weather (no make-up for extreme weather cancellations) or camper illness; therefore there are no refunds for weather, illness, or cancellation less than a week before the scheduled camp date. Thank you for your understanding.

**YOUR CAMP CONFIRMATION WILL BE SENT VIA E-MAIL**

I certify that the child listed on this registration form is in excellent health and may participate in strenuous physical activities, including soccer. I agree to hold the C.V. Soccer Camp and its employees harmless from any and all claims of injuries sustained by my child during his or her participation in the camp. Permission is granted for my child to receive emergency medical treatment, if necessary. I certify that there are no limits to my child's participation except as stated in writing and included with this application.

Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Make checks payable to:

Send this application with your payment to:

Phone:

Email:

**Cris Vaccaro**

**P.O. Box 112, Somerdale, NJ 08083.**

**856.753.1949**

**crismo58@verizon.net**

**www.vaccarosoccer.com**

