



# The Timbers Nike Spring Soccer Camp

**“Staff Includes Members of the Portland Timbers Professional Team”**

**When:** March 22, 23, 24

**Times:** 4pm to 6pm

**Boys/Girls:** U10, U12, & U14

**Cost:** \$65 per child

**Each Camper Receives:**

- Nike Soccer Ball
- T-Shirt

**Where:**

Salmon Creek Indoor Sports Arena  
110 NW 139th Street  
Vancouver, WA 98685  
Phone: (360)571-7628

[www.scsoccerarena.com](http://www.scsoccerarena.com)



## Details:

The Portland Timbers are proud to offer a spring camp program for soccer players of various ages and skill levels. The Timbers Camp program, presented by Nike, is designed and led by the team's coaching staff and 1st team players. The Timbers Nike Soccer Camps program features an ideal 12:1 player-coach ratio and bases all training groups upon skill levels and age. Each camp is centered around age-appropriate exercises and activities designed to maximize instruction, develop technical improvement and build a love for the game.

## Registration Information

<b>Camper's Name:</b> _____	<b>E-mail Address:</b> _____	<b>Camper's Health Info:</b>
<b>Age:</b> _____ <b>Gender:</b> _____	<b>Camp Attending</b> (circle one): U10 U12 U14	<b>Allergies:</b> _____
<b>Parent(s) Name:</b> _____	<b>T-Shirt Size</b> (circle one):	<b>Medication(s):</b> _____
<b>Address:</b> _____	<b>Youth - S M L    Adult - S M L</b>	_____
<b>City/ State / Zip:</b> _____	<b>Emergency Contact:</b> _____	<b>Comments:</b> _____
<b>Phone / Cell Number:</b> _____	<b>Phone / Cell Number:</b> _____	_____

### Medical / Liability Waiver

I agree that SCISA is not responsible for accidents and/or medical or dental expenses received as a result of my child(ren) participating at the camp. I understand that no reduction in the camp fees will be made for late arrival, early departure, vacations, illness or injury. Permission is hereby granted for photographs and/or video to be taken of my child(ren) at the camp. SCISA has the right to utilize these photographs in the camp brochure or displays, or for any other purpose. In the event that I cannot be contacted in an emergency, I hereby grant SCISA permission to give whatever immediate treatment is necessary and/or take my child to a hospital or other medical treatment facility. I have carefully read all the information in this form and agree to all conditions. By signing, you agree to the terms listed above.

**Parent's Signature:** \_\_\_\_\_

**PAYMENT INFO** (Cash, Check, or CC) **CREDIT CARD#:** \_\_\_\_\_ **Exp Date:** \_\_\_\_\_

**OFFICE USE ONLY:** Paid:\$ \_\_\_\_\_ Date: \_\_\_\_\_ Staff: \_\_\_\_\_ Charge#: \_\_\_\_\_ Check#: \_\_\_\_\_ Cash: \_\_\_\_\_