

**CVFC Soccer Academy**  
**Ranchwood Fields (Yukon)**  
**(North of 39<sup>th</sup> on Cornwell)**

**\$60 for boys  
& girls U8 &  
U7**

**Free shirt-Technical skills-Tactical skills-Small sided games**  
**Academy Dates: March 23<sup>rd</sup>, 30<sup>th</sup> & April 6<sup>th</sup>, 13<sup>th</sup>, 20<sup>th</sup>, 27<sup>th</sup>**  
**Academy Times: 5:45pm-7:00pm**

**Instructors: Nationally licensed coaches, current CVFC competitive coaches.**

**Recreational coaches are encouraged to register their teams. The academy will take place  
of one of their weekly practice sessions.**

**For info call Keith Hagen @ 250-4477      In case of bad weather call 699-3223 option 1**  
**This form is also available at [canadianvalleyfc.org](http://canadianvalleyfc.org)**

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**Make checks payable to: CVFC      Mail to: 409 Castlerock Rd Yukon, OK 73099**  
**Registration forms and payment are due March 15<sup>th</sup>.**

**Players Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of birth \_\_\_\_\_ Shirt Size \_\_\_\_\_**

**Circle one    U8 (Aug 1, 2001-July 31, 2002)      U7 (Aug 1, 2002-July 31, 2003)**

**Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_**

**Parent Name \_\_\_\_\_ Home # \_\_\_\_\_ Cell # \_\_\_\_\_**

**In case of emergency contact: \_\_\_\_\_ Phone # \_\_\_\_\_**

**The above player has my permission to attend the CVFC soccer academy. I hereby authorize the staff to act for me  
according to their best judgment in an emergency requiring medical attention. I hereby waive and release the  
Academy staff from any and all liability for any injury, illness, or loss of property incurred while at camp.**

**Parents Signature \_\_\_\_\_ Date \_\_\_\_\_**