



2008 PORTLAND TIMBERS SOCCER CAMP ENROLLMENT

Select Portland Timbers coaches and players will conduct seven soccer camps this season at PGE Park and the Portland metro area. The Timbers have a strong commitment to promote the development of soccer players in the community. Camp participants will receive professional instruction from Timbers players and coaches in a fun and educational environment.

Camper's Full Name: _____

Camper Age: _____ Camper Birthdate: _____

T-Shirt Size: _____

Address: _____

City: _____

State: _____ Zip Code: _____

Parent Name(s): _____

Daytime Phone Number: _____

Evening Phone Number: _____

Parent's Email: _____

Session 1-7: (Circle Goalkeeping if Selecting Goalkeeping Focus)

- 1 – June 23-25, 1 p.m. – 5 p.m. – PGE Park (Ages 8-14)
- 2 – July 7-10, 1 p.m. – 4 p.m. – PGE Park (Ages 8-14)
- 3 – July 14-17, 1 p.m. – 4 p.m. – PGE Park (Ages 8-14; goalkeeping focus)
- 4 – July 21-24, 1 p.m. – 4 p.m. – Athey Creek Mid. Schl. (Ages 8-14; goalkeeping focus)
- 5 – July 29-31, 9:30 a.m. – 1:30 p.m. – PGE Park (Ages 13-18 Only; H.S. Prep Camp)
- 6 – August 4-7, 1 p.m. – 4 p.m. – Gresham High School (Ages 8-14; goalkeeping focus)
- 7 – August 18-21, 9:30 a.m. – 12:30 p.m. – PGE Park (Ages 8-14)

Cost: \$150.00

Method of Payment: Check Visa MasterCard AmEx Discover

Credit Card Number: _____ Exp: _____

Name as it appears on the credit card: _____



Portland Timbers Soccer Camp Release Form

I agree that Shortstop, LLC 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 tuition will be made for late arrival, early departure, vacations, illness or injury. Permission is hereby granted for photographs and/or videotapes to be taken of my child(ren) at the camp. Shortstop, LLC 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 Shortstop, LLC permission to give whatever immediate treatment in 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.

_____ Date _____
Signature of Parent/Guardian

Please mail, e-mail or fax this form, along with payment to:
Portland Timbers Soccer Camps
1844 SW Morrison Street
Portland, Oregon 97205
FAX (503) 553-5405

Please direct all inquiries to Brad Nicholson at (503) 553-5428 or bnicholson@pgepark.com