



Challenge® Soccer Club Summer Soccer Programs

For Girls Age U6 – U16

Training Goals: Our goal is to create a fun and challenging environment that helps develop creative young soccer players. We want to help create a passion and love of the game in the players we work with. From a technical standpoint we use fun, competitive training sessions to improve the skill level of the players. We also want to improve the players understanding of small sided games. This is a great opportunity for your child to experience the training that is considered the top training environment both in Houston and the country. Challenge® is recognized for being one of the innovators in training techniques and environments for developing female soccer players. Our sessions and practices are designed to meet the technical, tactical, mental, and physical demands the game places on the girls. We try to create a fun and competitive learning experience.

Camp Coaches: Challenge’s Professional staff of coaches with the help of current players, college players and college coaches will conduct the practices. The members of the Staff are Pat O’Toole, Danny O’Callaghan, Hadyn Sloane-Seale, Graham Harrison, Gary O’Brien, Gene Van Ness, Rena Richardson, and Kristie Braunston. The staff has an extensive background in soccer both as players and coaches. They have been recognized by the State, Region, and National organizations as some of the top coaches in the Country

June Evening Camp:

Where: Burroughs Park
 When: June 9 – 13
 Time: U6-U8: 6:00 – 7:30 PM
 U9-U16: 5:30 – 8:00 PM
 Cost: U6-U8: \$85 (Groups of 4 or more \$80 per player)
 U9-U16: \$120 (Groups of 4 or more \$115 per player)

July Morning Camp:

Where: Burroughs Park
 When: July 21 - 25
 Time: U6-U16: 9:00 – 11:30 AM
 Cost: U6-U16: \$120 (Groups of 4 or more \$115 per player)

For more Information call Pat O’Toole at (281) 370-0685, or check us out on the web at www.challengesoccer.com

To Register Please return the bottom portion to Pat O’Toole with a \$25 deposit to: 16720 Stuebner Airline #222
 Spring, TX 77379

Checks should be made payable to **Challenge® Soccer Club**

-----Players
 Name: _____ Parents Name: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Telephone Number: _____ Emergency Number: _____ Email: _____ Age: _____
 Date Of Birth: _____

Health Information: Please list any special problems, allergies to medicines, insects, etc.

I, the undersigned, release Challenge® Soccer Club, Inc. from all liability for any injury while at camp. I authorize any member of the camp staff to act on my behalf in regards to seeking emergency medical treatment for my child while attending the Challenge Soccer Camps.

Signature of Parent: _____ Date: _____

Please check the Program or Programs that you would like to attend:

June 9-13 () Age of Player () July 21-25 () Age of Player ()

