



PLAYER DEVELOPMENT PROGRAM



100% focus on individual footskills — the flicks, tricks and moves!

For more information;
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FURTHER INFORMATION

- Program is open to **CYSA registered players ONLY**
- This program is suitable for players aged 8-19 of all abilities.
- The program runs for 5 weeks on Wednesday or Friday evenings.
- All practices will include technical development, fun games and scrimmages.
- All coaches are fully qualified within the UEFA Licensing System.
- Any rained out sessions will be made up within the existing 5 weeks or using an extra 6th week.

CYSA are proud to announce the return of the **Player Development Program**, partnering with Challenger Sports, British Soccer Academy.

Challenger's Professional British Coaches are coming to teach players the fundamental skills they need to take their game to the next level. Weekly sessions guarantee your players are sure to have fun while practicing game-related technical activities.

COPPELL YOUTH SOCCER ASSOCIATION

Wagon Wheel Park, Freeport Pkwy., Coppell, TX

March 9th - April 13th / March 11th - April 15

Wednesdays or Fridays.

PRICE REPRESENTS COST OF ENTIRE 5 WEEK PROGRAM!

PROGRAM.....	AGES.....	TIMES.....	COST
Player Dev. Program.....	U5-U6.....	5:30 – 6:30pm.....	\$20
Player Dev. Program.....	U7-U8.....	6:30 – 7:30pm.....	\$20
Player Dev. Program.....	U9-U12.....	6:30 – 7:30pm.....	\$20
Player Dev. Program.....	U13+.....	7:30 – 8:30pm.....	\$20
Goalkeeper Dev. Program.....	U7-U8.....	7:30 – 8:30pm.....	\$20

**There will be no session on March 16th/18th due to Spring Break.*



***All cancellations are subject to \$40 non-refundable deposit.**
***No refunds for cancellations less than 10 days prior to camp.**
Payment in Full - Camp Fee Enclosed (or enter credit card details at bottom of page)
\$ _____ Check number _____

Checks payable to Challenger Sports

I hereby release Challenger Sports and any hosting organization from any and all claims and liability of any kind of personal injury or property damage due to participation in this camp. I understand that participation in sports camps include physical contact and certify that my child is in good health and able to participate in all activities. I agree to notify the coaching staff of any preexisting medical or psychological conditions. If attention is required for illness or injury, I give my permission to a staff member for such care. I give my consent for my child to be photographed or video taped while participating in camp activities and for the resulting images to be used by Challenger Sports for promotional purposes.

Parent Signature _____ Date _____

[] Yes, we are interested in hosting a coach.

Credit card information will be destroyed immediately after processing.

ONLINE REGISTRATION IS AVAILABLE AT WWW.CHALLENGERSPORTS.COM



Camper Name _____

Camper Age _____ Male _____ Female _____ D.O.B. _____

Organization Name _____ Camp Date _____

Camp Program _____ Time _____

Group with _____

T-shirt YS _____ YM _____ YL _____ AS _____ AM _____ AL _____ XL _____

Ball Size 3 (U8) _____ Size 4 (8-12) _____ Size 5 (13+) _____

Parent/Guardian _____

Address _____

City _____ St _____ Zip _____

Phone _____

Email _____

Emergency Contact _____ # _____

Name on Credit Card _____ Card Brand _____

Card # _____ Exp. Date _____ CVV # _____

800.878.2167
www.challengersports.com