



Soccer the Brazilian Way

Announces a Promotional 2011 SYSA Camp

This One Time Offer is for SYSA Members Only



Learn the flair and technique that are hallmarks of the Brazilian soccer experience. Immerse yourself in the Brazilian style of training and play with Soccer the Brazilian Way's (STBW) youth soccer training camps.

The camp is offered at Potomac Lakes in Sterling. We offer ½ day and full day camps for field players and keepers, ages 8 to 17, where we focus on developing quickness, foot skills, shooting, trapping, finishing, and movement on and off the ball.

Our low player-to-instructor ratio ensures each and every player individualized instruction. We emphasize ball control skills that provide the player the ability and confidence to play at the higher levels. Our camps provide players a challenging environment, where they can develop their potential to the fullest.

Sign up early to reserve your spot! Space is limited.

You can register on-line at soccerfrombrazil.com

July 11 - July 15

| Ages | Time | Location | Check one |
|------|--------------------|---------------------------------|--------------------------|
| 8-17 | 9:00 am-12:00 noon | Paul Hencken (Potomac Lakes) | <input type="checkbox"/> |
| 8-17 | 9:00 am - 3:00 pm | | <input type="checkbox"/> |

Potomac Lakes Park Sportsplex - 20280 Cascades Pkwy, Sterling, VA 20165

To take advantage of this offer use discount code **SYSAPROMOS11**

Fee: \$100 - Half Day Camp

Fee: \$125 - Full Day Camp

For More Information About the Program

Call Gus Donolo at Soccer the Brazilian Way - 301-996-4625(GOAL)
or register online @ soccerfrombrazil.com

**** REGISTRATION ****

To register fill out the back of this form
and mail it to: **STBW**

8905 Clewiston Place • Montgomery Village, MD 20886



Participant Information

| | | |
|------------|----|-----------|
| | | |
| First Name | MI | Last Name |
| Age: | | |

| | | |
|---------|--|--|
| Address | | |
|---------|--|--|

| | | |
|------|-------|----------|
| | | |
| City | State | Zip Code |

| | |
|-----------|---------------|
| | |
| Day Phone | Evening Phone |

| | |
|--------|--|
| E-mail | |
|--------|--|

I accept full responsibility for the use of the facilities at my own risk, and shall hold Soccer the Brazilian Way, its employees, as well as the Facility's owners and operators and its employees and staff harmless from any and all loss, claim, injury, damage or liability sustained or incurred by me resulting therefrom.

| | |
|-----------|------|
| | |
| Signature | Date |

In the event of an emergency, parents will be notified first. Please list additional contacts in case we are not able to notify the parents.

| | |
|------------------------|-----------|
| | |
| Emergency Contact Name | Day Phone |

In the event the parent(s) or persons named above cannot be reached during an emergency involving the above named participant, I give my permission to Soccer the Brazilian Way staff to secure all necessary and required medical treatment. I give my full permission for my child(ren) to participate in Soccer the Brazilian Way programs. The participant's parent/guardian(s) agree that Soccer the Brazilian Way staff will not held responsible for any accident or losses, however caused, and agree to release all parties involved from claim of damages that may arise as a result or by reason of such loss or accident. I understand that every reasonable precaution will be taken to ensure the safety of the above named participant.

For Participants under 18, fill out:

Parent Name:

| | | |
|------------|----|-----------|
| | | |
| First Name | MI | Last Name |

| | |
|-----------|---------------|
| | |
| Day Phone | Evening Phone |

Parent Name:

| | | |
|------------|----|-----------|
| | | |
| First Name | MI | Last Name |

| | |
|-----------|---------------|
| | |
| Day Phone | Evening Phone |

Parent or Guardian:

| | |
|-----------|------|
| | |
| Signature | Date |

| | |
|------------------------|-----------|
| | |
| Emergency Contact Name | Day Phone |

Parent or Guardian:

| | |
|-----------|-----------|
| | |
| Signature | Last Name |

Please list any special needs, allergies, medication, learning disabilities or any other information we may need to ensure the best possible experience for your child.