



# St. Paul Blackhawks Soccer Club

## Summer Soccer Camps!

### U5 – U14 Boys and Girls

**\*\*All campers receive a t-shirt and ball! \*\***

**BRAZILIAN SKILLS**, 9:00 am – 11:00 am, June 9th – 13th, Blackhawks Soccer Center, Ages 9-14

Come to the new BHK training center to train the way everyone will in the future! The first step to success is ball comfort and control. Features Brazilian-style street Futsal, soccer volleyball, small group games, plenty of 1v1, and comprehensive feedback. **Cost \$80 [\$65 for Blackhawk/HGRA participants]**

**STRIKER CAMP**, 9:00 am – 11:30 am, June 16th-20th, McMurray Fields, Ages 9-14

Scoring goals is what it's all about, and you can't score if you don't shoot. Concentrating on technique as much as outcome, our goal is 1000 shots per player. Shot speed and accuracy will be tested and marked for improvement. **Cost \$80 [\$65 for Blackhawks/HGRA participants]**

**KEEPER CAMP**, 9:00 am – 11:30 am, June 16-20, McMurray Fields, Ages 9-14

Scoring goals?! Denying goals is what it's all about! Held concurrently with the shooting camp, Keeper Camp will focus on technique and outcome with plenty of live shots. **Cost \$80 [\$65 for Blackhawks/HGRA participants]**

**BHK SUMMER CAMP**, 9:00 am – 12:00 pm, July 7-11, McMurray Fields, Ages 9-14

This all around camp focuses on the basic Blackhawk philosophy of person, player, and team. The focus is on enjoyment and establishing a love of the game. Players learn how to express themselves. This camp will feature all levels from beginner to experienced. **Cost \$105 [\$85 for Blackhawks/HGRA participants]**

**LITTLE HAWKS SOCCER CAMP**, 9:00 am – 10:30 am, July 7-11, Blackhawks Soccer Center, Ages 5-8

It begins with our youngest and most precious players. The goal is to teach children the fundamental soccer skills within an enjoyable setting. Winning is not emphasized. Coaches will provide fun, fast-paced soccer-related games, activities, and play. **Cost \$65 [\$50 for Blackhawks/HGRA participants]**

*ABOUT BLACKHAWKS, A NON-PROFIT SOCCER CLUB: We are the oldest, most accomplished soccer club in Minnesota. Alumni include players at the collegiate, professional, and international level including Manny Lagos, Amos Magee, and Tony Sanneh (2002 World Cup!).*

#### Registration Form

Player Name \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone(s) \_\_\_\_\_ Cel: \_\_\_\_\_

Parent Email(s) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Shirt Size: S M L XL (circle)

\_\_\_\_ I am interested in scholarship assistance. Please contact me.

\*\* MUST SIGN MEDICAL RELEASE ON BACK OF THIS FORM. \*\*

\_\_\_ Dribbling Camp: \$80 / \$65

\_\_\_ Shooting Camp: \$80 / \$65

\_\_\_ Keeper Camp: \$80 / \$65

\_\_\_ Summer Camp: \$105 / \$85

\_\_\_ Little Hawks: \$65 / \$50

Please make your check payable to  
**St. Paul Blackhawks.**

Joe Crosby  
BHK Soccer Camps  
2136 Ford Pkwy #138  
St. Paul, MN 55116

**Register Online at [www.blackhawksoccer.org](http://www.blackhawksoccer.org)**

*The Saint Paul Public Schools does not sponsor, endorse, or recommend the activities announced in this flyer.*

**PARENT/GUARDIAN AGREEMENT** – I, the parent/guardian of the registered player, a minor, agree that the player and I will abide by the rules of the St. Paul Blackhawks Soccer Club (SPBSC), its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the SPBSC accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the SPBSC and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant’s participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

**CONSENT FOR MEDICAL TREATMENT** – As the parent/legal guardian of a participant in SPBSC programs, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Parent/Legal Guardian (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature X \_\_\_\_\_