

# JADE SOCCER CENTER

## 2010 SOCCER CAMP

Serving the soccer community for 23 years.

Directed by

**MIKE HUNG**

**M and M**

**MITCHELL GEE**

**CAMP FEATURES:** \* LICENSED COACHES \* COACHING RATIO OF 12:1 \* CAMP T-SHIRT \* CAMP PRIZES

Jade Soccer Center is pleased to have Mike and Mitchell return as our camp directors for their 9th year together. We are looking forward to a positive learning experience with fun and games as well as the development of new skills.

Mike began playing soccer in Hong Kong and England. He started the soccer program at San Leandro High. He played at Cal State Hayward. Mike's excellent skills and ability to demonstrate techniques make him a very effective soccer teacher. He is currently coaching an U-8 girls team.

Mitchell has directed and assisted our camps for 23 years. He played for Montclair, Oakland, and Bay Oaks. He coached a Montclair girls team. He is currently coaching an U-12 girls team.

### BOYS AND GIRLS AGES 5 TO 12 ARE WELCOME

<b>SESSIONS:</b>	<b>FULL DAY</b>	<b>9am to 4pm</b>	<b>FIVE DAYS</b>	<b>\$220.00</b>
	<b>MORNING ONLY</b>	<b>9am to noon</b>	<b>FIVE DAYS</b>	<b>\$120.00</b>
	<b>AFTERNOON ONLY</b>	<b>1pm to 4pm</b>	<b>FIVE DAYS</b>	<b>\$120.00</b>

Campers should come dressed to play soccer, and will need tennis shoes or cleats, shin guards, and a water bottle, and a snack. Bring a soccer ball with your name on it. Full day campers should bring lunch.

\*DISCOUNTS ON BALLS, SHOES, SHINGUARDS ON FIRST DAY OF SESSION DURING CHECK-IN TIME\*

<b>SCHEDULE:</b>	<b>SESSION 1</b>	<b>SHEPERD CANYON</b>	<b>OAKLAND</b>	<b>AUG 2 - AUG 6</b>
	<b>SESSION 2</b>	<b>SHEPERD CANYON</b>	<b>OAKLAND</b>	<b>AUG 9 - AUG 13</b>

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Please complete registration form and mail with your check or money order made payable to:  
 JADE SOCCER CENTER, 2433 MAC ARTHUR BLVD. OAKLAND, CA. 94602.  
 For information, call Dianne at (510) 482-0900 between 10am and 5:30pm.

-----Registration Information-----

PLEASE ENROLL:

NAME \_\_\_\_\_ AGE \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SEX \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ EMERGENCY CONTACT \_\_\_\_\_ CELL PHONE \_\_\_\_\_

RELATIONSHIP TO CHILD \_\_\_\_\_ AMOUNT ENCLOSED \_\_\_\_\_

IN SESSION # \_\_\_\_\_ DATES \_\_\_\_\_

FOR (Please circle one) FULL DAY    MORNING ONLY    AFTERNOON ONLY

T-SHIRT SIZE (Please check one) Youth S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ ADULT S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

I give permission for the above child to participate in the Jade Soccer Camp. List any medical restrictions.

PARENT/GUARDIAN \_\_\_\_\_ Date \_\_\_\_\_

\*We will have M & M's throughout the week. Please indicate if your child can have them. Yes \_\_\_\_\_ No \_\_\_\_\_