



**Are your kids ready to play?**  
 Discover how our unique **UK Elite Training Methodology** can put elite in your players feet!



**Summer 2011  
 CASCADE SOCCER CLUB  
 Summer Soccer Camps**

**JUNE 20TH—JUNE 23RD**      **5PM — 8PM**  
 Soccer Camp 5—8 Years:      CODE: WA054EAC  
 Soccer School 9—14 Years:      CODE: WA054EAS  
 Goalkeeper Camp 9—14 Years:      CODE: WA054EAG

Price: \$110

Location: Lindbergh High School

Register online: [www.ukelite.com](http://www.ukelite.com)

Professional Soccer Coaches  
 All players receive T shirt and ball  
 Player evaluation  
 For more information: [UKelite.com](http://UKelite.com)  
 Tel: 206-455-1855  
 Email: [DanL@ukelite.com](mailto:DanL@ukelite.com)

**I've got elite in my feet and I'm ready to play!**

*My son loved the program! He learned more "tricks" in one week than two years of soccer. I love how wonderful the staff were with all the children.*

**- Julie Wolfe WA**



**REGISTRATION**

**PARENT INFORMATION (Please print)**  
 Name of Parent \_\_\_\_\_  
 Street \_\_\_\_\_  
 Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Home Phone (\_\_\_\_) \_\_\_\_\_  
 Cell/Work Phone (\_\_\_\_) \_\_\_\_\_  
 Email \_\_\_\_\_  
 Emergency Contact \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

**PLAYER / REGISTRATION INFORMATION: 2010**

Place #	Code	Name / Last	Name/ First	D.O.B	Price \$
1					
2					
3					
4					
				Sub Total	
				Total	

**PAYMENT INFORMATION:**  
 Payment Method (Please Select)    Check     Mastercard     Visa

Credit Card Number: \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_ \_

Expires (mm/yy) \_\_\_\_ / \_\_\_\_

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

**CONFIRMATION:**  
 a) Via email if address provided, OR b) by cancelled check or card statement

**CREDIT POLICY:**  
 A voucher for full program fee will be issued for any cancellation prior to program. No Cash refund.

**WAIVER INFORMATION:**  
 I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mail registration to: **U.K.Elite Soccer, Inc.**  
 14 S Idaho Street  
 Seattle, WA 98134  
 Tel: (206) 455 1855

Federal Tax ID# 22-3197693

For office use only

Rec'd	Chk#/Auth	Comp
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