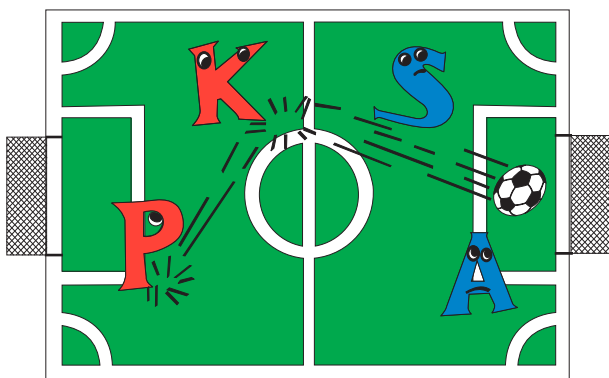


BOYS AND GIRLS AGES 4-12  
**2017 PKSA SUMMER CAMP**

**PAUL KRUMPE SOCCER ACADEMY**



*Where tomorrow's stars get their start!*

**CAMP ONE:**

**JUNE 26<sup>th</sup>—30<sup>th</sup>**

**CAMP TWO:**

**JULY 10<sup>th</sup>—14<sup>th</sup>**

**CAMP THREE:**

**JULY 31<sup>st</sup>—AUG 4<sup>th</sup>**

**BERT LYNN MIDDLE SCHOOL TORRANCE, CA**  
**9AM- 3PM**

**PSKA STAFF:**

**PAUL KRUMPE**

'88 U.S. OLYMPIAN; '90 WORLD CUP TEAM; LA GALAXY SOUTH BAY EXPLORERS PROGRAM DIRECTOR; HEAD COACH LOYOLA MARYMOUNT UNIVERSITY

**SAL DIAZ**

CHADWICK VARSITY BOYS COACH; DIRECTOR LA GALAXY SOUTH BAY GIRLS

**EARLY REGISTRATION BEFORE: MAY 1<sup>ST</sup>**

**\$250**

**\$200**

siblings

**REGISTRATION AFTER: MAY 1<sup>ST</sup>**

**\$275**

**\$200**

siblings

**REGISTRATION DAY OF:**

**\$300**

PKSA BALLS: \$25

**TO REGISTER VISIT:**  
**WWW.PKSASOCCER.COM**

**CALL:**

**310.338.7640**

**EMAIL:**

**PKRUMPE@LMU.EDU**

**“ PKSA camps have been successfully training the South Bay soccer players for over 20 years now. ”**

## PKSA — PAUL KRUMPE SOCCER ACADEMY APPLICATION

*"Where Tomorrow's Stars Get Their Start"*

**Please fill out this application then mail with your check to:  
PKSA, 4749 Darien Street, Torrance, CA 90503.  
(Fields with \* MUST be filled in!)**

### Choose any session(s):

**Session #1 June 26-30**       **Session #2 July 10-14**       **Session #3 July 31-Aug 4**

Camper's Name\*: \_\_\_\_\_

Street Address\*: \_\_\_\_\_

City\*: \_\_\_\_\_ Zip\*: \_\_\_\_\_

Sex\*: M/F \_\_\_\_\_ Age At Camp\*: \_\_\_\_\_ Grade Fall 2017\*: \_\_\_\_\_

Home Phone\*: \_\_\_\_\_ Cell Phone:  \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Are you a 1st time camper? Y/N \_\_\_ If yes, who referred you? \_\_\_\_\_

Additional information or requests Coach Krumpe should be aware of:

\_\_\_\_\_

I will include \$25.00 for a new ball: Y/N \_\_\_

### 1st Additional Sibling

Camper's Name : \_\_\_\_\_

Sex : M/F \_\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

Additional information or requests Coach Krumpe should be aware of:

### 2nd Additional Sibling

Camper's Name : \_\_\_\_\_

Sex: M/F \_\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

Additional information or requests Coach Krumpe should be aware of:

### 3rd Additional Sibling

Camper's Name : \_\_\_\_\_

Sex : M/F \_\_\_ Age At Camp: \_\_\_\_\_ Grade Fall 2017: \_\_\_\_\_

Additional information or requests Coach Krumpe should be aware of:

### **IMPORTANT:** PARENT GUARDIAN AUTHORIZATION

*I hereby authorize the staff of PKSA to act for me according to their best judgment in any emergency requiring medical attention, and I hereby waive and release the camp from any and all liability for any injuries or illnesses incurred at camp.*

*I have no knowledge of any physical impairment that would be affected by the above-named camper's participation in the PKSA camp program.*

Parent or Guardian Signature\*: \_\_\_\_\_