



## Louisiana Fire's Thanksgiving and Christmas Camps

### CAMP GOALS

- To improve each players knowledge, technical & tactical skills while enjoying the game.
- To enhance each players understanding of the game.
- To emphasize individual and team play and good sportsmanship.

### CAMP DATES

- Thanksgiving Camp – November 21, 22, 23
- Christmas Camps – Week I – December 19 – 23  
Week II – December 26 – 30

### LOCATION

- Jefferson Indoor Soccerplex - 6124 Jefferson Highway, Harahan, LA, 70123

### COST

- Thanksgiving Camp – Half Day - 9:00 AM to 12:00 NOON - \$65  
Full Day - 9:00 AM to 4:00 PM - \$95
- Christmas Camp - Half Day - 9:00 AM to 12:00 NOON - \$100  
Full Day - 9:00 AM to 4:00 PM - \$150

### DETAILS

- Campers will be divided by age and ability.
- Camp is open to Girls and Boys ages 5 to 17.
- Team discounts are available (8 player min) of \$10 per player.
- Each player will receive a FREE camp T-shirt.
- Each camper should bring soccer shoes, shin-guards, and soccer ball.
- Enrollment is limited. Checks should be made payable and mailed to:  
CFJ-LA, Att: Soccer Camps, 1918 18<sup>th</sup> Street, Kenner, LA 70062

For more information go to [www.chicagofirejuniorslouisiana.com](http://www.chicagofirejuniorslouisiana.com) and click on Camps & Clinics or contact Club DOC, Julio Paiz, 465-8224 office, [jpaiz@chicagofirejuniorslouisiana.com](mailto:jpaiz@chicagofirejuniorslouisiana.com)  
Club DOC, Hubie Collins, 504-465-8224, [hcollins@chicagofirejuniorslouisiana.com](mailto:hcollins@chicagofirejuniorslouisiana.com)  
Club DOC, Louie Smothermon, 504- 465-8224 office, [lsmothermon@chicagofirejuniorslouisiana.com](mailto:lsmothermon@chicagofirejuniorslouisiana.com)

**CFJ-LA CAMP STAFF**

- **Hubie Collins** – USSF “A” License, USSF “Y” License, CFJ-LA Director of Coaching, ODP Louisiana State Staff Coach, Jesuit High School Head Coach
- **Julio Paiz** – USSF “A” License, NSCAA National Advance Diploma, USSF “Y” License, CFJ-LA Director of Coaching, ODP Louisiana State Staff Coach and Instructor, Archbishop Rummel High School Head Coach
- **Louie Smothermon** - USSF “A” License, NSCAA Premier Diploma, USSF “Y” License, CFJ-LA Director of Coaching, ODP Louisiana Staff Coach, former New Orleans Storm Assistant Coach/Player, Brother Martin High School Head Coach
- **CFJ-LA Coaching Staff**

**2011 LOUISIANA FIRE CAMP APPLICATION**

Please indicate which week of camp (s) player will be attending by circling the week of camp.

Thanksgiving Camp – November 21, 22, 23	Half Day	Full Day
Christmas Camp I – December 19, 20, 21, 22, 23	Half Day	Full Day
Christmas Camp II – December 26, 27, 28, 29, 30	Half Day	Full Day

Name \_\_\_\_\_  
 Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Parent’s Name \_\_\_\_\_  
 Parents Phone: Home# \_\_\_\_\_ Work# \_\_\_\_\_  
 E-mail \_\_\_\_\_ Cell # \_\_\_\_\_  
 Emergency Contact# \_\_\_\_\_ Phone# \_\_\_\_\_

The camp fee should be paid in full and accompany this application. Restrictions apply on the refund of camp fees. Checks should be made payable to CFJ-LA and sent along with this application to:

CFJ-LA Summer Soccer Camps  
ATT: Summer Soccer Camps  
1918 18<sup>th</sup> Street  
Kenner, LA 70062

CFJ-LA Thanksgiving and Christmas Soccer Camps - Permission to participate, release of liability, and authorization for medical treatment.

The named participant is in good health and has my permission to participate at the CFJ-LA Soccer Soccer Camps. I hereby release Louie Smothermon, Julio Paiz, Hubie Collins, CFJ-LA Soccer Club and all of their respective employees, officers, directors, agents, officials, and volunteers from and against any liability claims and demands for any injury or illness incurred at the CFJ-LA Soccer Camps. I hereby assume complete financial responsibility for any personal injury or property damage created as a result of an intentional or negligent act of my child or ward while he or she is attending CFJ-LA Soccer Camps. If my child needs medical treatment and my consent cannot be obtained, I hereby agree that Louie Smothermon, Julio Paiz, Hubie Collins or other CFJ-LA Soccer Camps personnel may consent to appropriate medical treatment for my child. This release will be in effect during the camp dates shown above. I will be responsible for any costs of medical treatment incurred during this period of time.

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

