



Saint Joseph's Girls' Soccer Spring ID Clinics

Where: Sweeney Field at Saint Joseph's University (turf field)

Who: Open to any and all girls in High School (8th-12th grades)

Why:

- Improve your skills and speed of play
- Meet and work with the SJU coaching staff
- Q & A with current players
- Female Collegiate Players as Role Models
- Goalkeeper training will be provided

Tentative Schedule:

10:00-11:15am	Training session with SJU Coaching Staff
11:15-12:00pm	Matches (8v8 or 11v11)
12:10-1:30pm	Tour of the SJU campus with the SJU coaching staff immediately following the end of each clinic (parents welcome to join us)

Cost: \$125.00 per clinic

You must bring: Water bottle, cleats, sneakers, shin-guards, and a soccer ball

Please choose which clinic or clinics you would like to attend:

___ Saturday, May 11, 2019 from 10am-1:30pm

___ Saturday, June 15, 2019 from 10am-1:30pm

Space is limited!! Any questions please contact Associate Head Coach Fred King at 610-660-3367 or email fking@sju.edu

SJU camp is open to any and all, limited by age and gender

SJU Soccer Camps (Fred King Soccer Camps LLC.) do not offer cash refunds in the event of a cancellation within 30 days of a given camp. In the event of a cancellation outside of 30 calendar days from the beginning of the camp, customers will be offered credit to a future camp within 1 calendar year of the scheduled date of the original camp. We do not offer cash refunds. There are no exceptions!

Please complete and mail along with the check to:
Girls' Soccer Clinic
Attn: Fred King
Women's Soccer Office, Hagan Arena
Saint Joseph's University
5600 City Avenue
Philadelphia, Pennsylvania 19131-1395
Please make all checks payable to Fred King Soccer Camps LLC.
Thanks for your support!

Name: _____ Age: _____ Grade: _____
Street: _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Email: _____
Position: _____
Soccer Experience/Club Team: _____

Waiver Form

Since all campers will be under the age of 18, this waiver must be signed by the child's parent or guardian.

Statement

I understand Saint Joseph's University, its staff and employees, and the SJU clinic staff are not responsible for any accident or injury occurring to (child) _____ while attending camp _____.

Parent/Guardian Signature _____

Please list any pertinent medical information or medications currently taking of which our staff should have knowledge.

Authorization to consent to medical treatment for a minor child

I, (parent/guardian) _____, state that I am the natural parent and/or have legal custody of (child's name) _____. I authorize _____ head coach and clinic director, to consent to any examination, anesthetic, xray, medical or surgical diagnosis or treatment, and/or hospital care to be rendered to this minor under the general conditions of special supervision and on the advice of any physician or surgeon licensed to practice when efforts to contact me are unsuccessful. This consent form is granted for the period of _____.

Parent/ Guardian Name: _____

Parent/ Guardian Signature: _____

Date: _____ Emergency Phone Number: _____

Medical Insurance Carrier _____

Insurance ID # _____ Carrier Phone # _____