



## Saint Joseph's Girls' Summer Soccer ID Camp

**When:** Saturday, July 27, 2019 and Sunday, July 28, 2019, both from 9am-4pm

**Where:** Sweeney Field at Saint Joseph's University

**Who:** Open to any and all girls in High School (8<sup>th</sup> grade- 12<sup>th</sup> grade)

**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

**Cost:** \$200.00 per camp day (attend either camp day of your choice) or \$350.00 for both camp days.

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

### Tentative Schedule:

9:00-11:30am	Session 1
11:45-12:30pm	Lunch at Campion Dining Hall (provided to all players)
12:30-1:30pm	Tour of the SJU campus with the SJU coaching staff
1:30-2:00pm	Lecture- Day 1-Nutrition and Conditioning for Collegiate Soccer
	Day 2- The College Soccer Experience
2:00-2:45pm	Session 2
2:45-4:00pm	11 v 11 Game

**Space is limited!! Any questions please contact Associate Head Women's Soccer Coach Fred King at 610-660-3367 or email [fking@sju.edu](mailto:fking@sju.edu)**

***Please choose which day or days you wish to attend-***

\_\_\_ ***Saturday, July 27, 2019***

\_\_\_ ***Sunday, July 28, 2019***

***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:**  
**Women's Soccer Camp**  
**Attn: Fred King**  
**333 E. Second St.**  
**Moorestown, NJ 08057**  
***Please make all checks payable to Fred King Soccer Camps LLC.***  
***Thank you for your support!***

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ T-Shirt Size: S M L XL

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 of which our staff should have knowledge and or prescriptions currently taking.

\_\_\_\_\_  
\_\_\_\_\_

### **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 # \_\_\_\_\_