



Saint Joseph's Girls' Soccer Spring Clinics

When: Saturday, April 1, 2017-
5:00- 7:00pm and Sunday,
May 21, 2017- 5:00-7:00pm

Where: Sweeney Field, Saint
Joseph's University

Who: Open to all girls in High
School

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 for those interested

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

Please select which day and session you would like to attend-

April 1, 2017 5:00-7:00 pm ____

May 21, 2017 5:00-7:00 pm ____

Space is limited!! Any questions please contact Assistant Women's Soccer Coach Fred King at 610-660-3367 or email fking@sju.edu

Cost: \$100.00 per session

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 by the camper or due to weather conditions within 30 days of any 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
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: _____

Club Team: _____ High School 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.

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 # _____