



Saint Joseph's Girls' Summer Soccer Camps

When: Saturday, July 29, 2017 and Sunday, July 30, 2017, both from 9am-4pm

Where: Sweeney Field at Saint Joseph's University

Who: Open to any and 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 will be provided

Cost: \$175.00 per camp day or \$300.00 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)
12:45-1:30pm	Lecture- Day 1- Nutrition and Conditioning for Collegiate Soccer
	Day 2- The College Soccer Experience
1:45-2:45pm	Session 2
2:45-4:00pm	11 v 11 Game

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

Please choose which days you wish to attend-

_____ **Saturday, July 29, 2017**
_____ **Sunday, July 30, 2017**

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
455 N. Church 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: _____

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 # _____