



## Saint Joseph's Girls' Soccer Clinic

**When:** Saturday, December 10,  
2016- 5:30- 7:00pm and  
7:00-8:30pm (2 sessions)

Saturday, January 7, 2017  
2016- 5:30- 7:00pm and  
7:00-8:30pm (2 sessions)

**Where:** Hagan Arena Multipurpose  
Gymnasium

**Who:** Open to all girls in High  
School

**Why:**

- Improve your skills and speed of play
- Meet SJU coaching staff
- Q & A with current players
- Female Collegiate Players as Role Models
- Goalkeeper training for those interested

**Cost:** \$70.00 per session, \$130 for 2 sessions, \$195 for 3 sessions \$260 for all 4 sessions

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

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

*December 10, 2016*

5:30pm \_\_\_\_ 7:00pm \_\_\_\_

*January 7, 2017*

5:30pm \_\_\_\_ 7:00pm \_\_\_\_

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

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

SJU Soccer Camps do not offer cash refunds or credits 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**  
**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 # \_\_\_\_\_