



# 2011 STATE CHAMP SOCCER CLINIC

**Girls Ages 4 yrs - 14 yrs old**  
**Friday, October 21st • 6:00 - 8:00 p.m.**

**\$25 Session Fee**

**Conestoga High School Gym**  
**Benefiting the Conestoga HS Girls Soccer Booster Club**

**Fun Games, Skills Instruction, Competitions & More! Training conducted by the Conestoga Girls Coaching Staff & 2010 State Semi-Finalist Players**

**What to bring:** A soccer ball, water bottle, sneakers, shin guards, & socks.

**Registration will begin at 5:30 in the Conestoga H.S. Gym!**

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## REGISTRATION/CONSENT

Participant Name \_\_\_\_\_

Age \_\_\_\_\_

Address \_\_\_\_\_

Phone (Home/Work/Cell) \_\_\_\_\_

Email \_\_\_\_\_

Allergies/Physical Limitations? If yes, please explain: \_\_\_\_\_

Taking medications? If yes, please explain: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Emergency Contact Name/Phone # \_\_\_\_\_

Medical Insurance Co. Name & Policy # \_\_\_\_\_

**Fees Due:**      Session Fee                      \$ 25.00  
                         Total Enclosed                      \_\_\_\_\_

As the parent/legal guardian of the child named above, I hereby give my full consent and approval for my child to participate in the Conestoga High School State Champ Soccer Clinic. I understand there are certain risks of injury inherent in the practice and play of this sport and I am willing to assume these risks on behalf of my child. I hereby certify that my child is fully capable of participating in the camp and that my child is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in these activities. I do hereby waive, release and hold harmless Conestoga High School, Conestoga HS Girls Soccer Booster Club, Conestoga HS girls soccer players and coaching staff, its officers, directors, employees and other affiliated personnel or organizations for any injury that may be suffered by my child in the normal course of participation in the camp and the activities incidental thereto, whether the result of negligence or any other cause.

\_\_\_\_\_  
**Signature Parent/Guardian** **Date**

For more info, please email Jana Walker at [janarwalker@comcast.net](mailto:janarwalker@comcast.net)  
Please visit [www.stogasoccer.org](http://www.stogasoccer.org).