



# 2012 CONESTOGA SOCCER CLINIC



**Girls Ages 4 yrs - 14 yrs old**  
**Sunday, February 26th • 12:00 - 3:00 p.m.**  
**Sunday, March 4th • 12:00 - 3:00 p.m.**

**\$35 Session Fee - \$5 discount for siblings / Two session preregistration discount - \$10**

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

**Fun Games, Skills Instruction, Competitions & More! Training conducted by the Conestoga Girls Coaching Staff & 2011 District Winner Players**

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

**Space is Limited - Register Now!!!**

Your cancelled check is confirmation of registration - Registration & Payment to  
Helaine Milberg Leibowitz, 1015 S Wisteria Drive, Malvern, PA 19355

## 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 # \_\_\_\_\_

<b>Fees Due:</b>	Session Fee	\$ 35.00	\$ 70.00
	Sibling Discount	(\$ 5.00)	(\$ 5.00)
	2 Session Discount		(\$10.00)
	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

Mail **registration and check** payable to :

Conestoga HS Girls Soccer Booster Club (CGSBC)  
c/o Helaine Milberg Leibowitz, 1015 S Wisteria Drive, Malvern, PA 19355  
For more info, please email Carolyn Edgerton, cedgerton@aol.com  
Please visit [www.stogasoccer.org](http://www.stogasoccer.org).