

ARSENAL



COLORADO

# Spring Break Clinic

## Competitive & PDL Striker/Keeper Clinic

2011-2008 (U9-U12): Field players will focus on ball striking and finishing repetitions; keepers will focus on shot-stopping and technique training.

\*Please have your player bring a snack and lunch each day\*

**When:** March 17th-19th @ 9:00am-12:00pm

2010's (U10) & 2011's (U9)

2008's (U12) & 2009's (U11)

**Location:** Boltz Middle School

**Cost:** \$90/person



# Registration Form - Spring Break Clinic

(You can also register online! [www.soccerfortcollins.org](http://www.soccerfortcollins.org))

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Gender: M F

Phone: \_\_\_\_\_ \*Shirt Size (YS-AL): \_\_\_\_\_

Email: \_\_\_\_\_

Current Team & Age Group: \_\_\_\_\_

## **PAYMENT**

Cash | Check | CC Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_

EXP Date: \_\_\_\_\_ CVV: \_\_\_\_\_

**MEDICAL WAIVER:** My son/daughter is in good health and has my permission to participate in Arsenal Colorado camp. In the case of an Emergency, I authorize the director and/or staff of Arsenal Colorado to seek medical emergency care for my child. I hereby release all staff members, academy director, and Arsenal Colorado and its governing bodies of any liability in the event of an injury.

Parent Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_