HOLMDEL FC & NJX FUTSAL CLINIC

The preseason futsal clinic is a great way to prepare the upcoming futsal season or to keep touches on the ball during the off-season. Sign-up soon as space is limited.

DATES:	December 6th, Decemeber 13th, and December 20th		
LOCATION:	Satz Gym, Holmdel NJ		
HOURS/AGES:	9:00 AM – 10:00 AM	U9 - U11 girls	_____
	10:00 AM – 11:00 AM	U12 and older girls	_____
	11:00 AM – 12:00 PM	U12 and older boys	_____
	12:00 PM – 1:00 PM	U9 - U11 boys	_____
	1:00 PM – 2:00 PM	U7 - U8 boys and girls	_____
PRICE:	$60		

INFO PHONE: (732) 778-0998 **WEB:** www.holmdelfc.org **Twitter:** @HFC_NJX

All campers provide their own snack, water bottle, shin-guards, and a soccer ball. Full payment is required with this form. No refunds once payment received.

Mail Completed Form with Payment to:

"Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

NAME_____TEAM AFFILIATION IF ANY_____

ADDRESS_____CITY_____ ZIP _____

PHONE _____ CELL_____ DATE OF BIRTH_____

EMAIL ADDRESS_____

MOTHER'S NAME_____ FATHER'S NAME_____

EMERGENCY CONTACT: _____PHONE _____

ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

_____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I herby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do herby waive, release, and hold harmless the camp staff, Holmdel FC/NJX, Match Fit, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature_____Date_____

This Program is not endorsed by the Holmdel Township Board of Education