# HOLMDEL FC
# SPRING SOCCER CLINIC

The Spring Soccer Clinic allows players to bring the improvements from playing small-sided, indoor games and transfer their improved speed-of-play and ball control to the bigger field. The clinic will focus on attacking principles; allowing players to use the footwork training they've practiced all winter in larger areas and going to goal.

| | | |
|---|---|---|
| **Dates:** | April 6th – April 9th | |
| **Location:** | Cross Farm Park | |
| **Trainers:** | Matt Woolston and Nick Barron | |
| **Ages:** | Boys and girls ages 4-13. All skill levels welcome | |
| **Hours:** | 9:00 a.m. – 12 p.m. | 7-13 years of age |
| | 9:00 a.m. – 10:30 a.m. | 4-6 years of age |
| **PRICE:** | Full Session | $150 per camper (9-12) |
| | First Touch | $115 per camper (9-10:30) |
| **Web:** | holmdelfc.org | **Twitter:** @HFC_NJX |
| **Contact:** | Matt Woolston (732) 539-7208 | Holmdelfc.njx@gmail.com |

Attendees provide their own water bottle, and a soccer ball. Full payment is required with this form. No refunds once payment received.

**Please mail checks payable to:**
**"Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733**

NAME_____DATE OF BIRTH_____
ADDRESS_____CITY_____ ZIP _____ PHONE _____ Email_____
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, 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