

# CHS Summer Soccer Clinic

The Clackamas Boys Soccer team will be offering a Summer soccer clinic for all ages and abilities. The funds created by this event will go directly to help fund Boys Soccer at CHS

**Cost: \$30. per student.**

**Times and Dates**

**July 27-31, 9 am-Noon**

**Location: Clackamas High**

**For More info Please Call**

**557-0843**

**PLEASE BRING A SOCCER BALL!!**

**Sign up now to reserve your position at the clinic**



This Clinic will consist of skill enhancing small sided games, which will allow the students to learn in a non-threatening environment while having fun!!. Skills covered will be *Passing, Trapping, Shooting, Heading.* There will also be small sided tournament games at the end of each clinic.

**Emphasis is placed on FUN!!!**

**Camp Director: LeRoy Neal, Head Boys coach at CHS.**

**Staff Director: Jerry Young, Over 10 years of Varsity coaching experience.**

**Support staff and role models will be the Varsity members of the Clackamas High Soccer team.**

## **Registration Form**

Medical Care & Release of Liability: I certify that my child is in good health and has my permission to participate in all activities of the Clackamas High School Soccer clinic (CHSSC). I authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician for my child, if I cannot be reached in the event of an emergency. I agree that neither I or my child will bring any claims of any kind against the CHSSC instructors, operators or sponsors as a result of any injuries, expenses or damages that I, or my child may suffer in connection with my child's participation in the clinic, whether such claims are known or unknown or arise in the future. I agree that the clinic retains the right to use photos taken of campers at the camp for advertising or publicity purposes only.

Name of Child \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_/\_\_\_/\_\_\_ Parent \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Medications \_\_\_\_\_ Special Conditions \_\_\_\_\_ Last Tetanus shot \_\_\_/\_\_\_/\_\_\_

Med. Insurance Co. \_\_\_\_\_ Family Dr. \_\_\_\_\_ Phone \_\_\_\_\_

X \_\_\_\_\_ Date \_\_\_\_\_

Parent or Guardian