



<http://www.coerver-norcal.com/>

(415) 460-9060

**NORTHERN CALIFORNIA COERVER SCHOOL OF SOCCER  
PRESENTS**

**2008 SPRING SOCCER SKILLS ACADEMY and 4v4 MINI SOCCER**

**WHERE: Piper Park in Larkspur (Dougherty Dr. / near Redwood High School)**

**WHEN: Mon's & Wed's in April & May – U8 – U14 / 4:00 – 5:30 pm  
April 7, 9, 14, 16, 21, 23, 28, 30 / May 5, 7, 12, 14, 19, 21, 26, 28**

**CONTACTS: Ron Benjamin 460-9060 / 916-300-8884 Jason Werner 577-8893**

**INSTRUCTORS: Ron Benjamin, Jason Werner, Ben Studholme, Mattias Kodzoman, Rob Funes, Kelly Coffey, Sean Phillips**

**PRICE: \$240 for 16 sessions / \$160 for 8 sessions / \$25 for each drop-in session  
(checks payable to "Coerver-Norcal")**

**REGISTRATION: Mail checks/forms to Coerver-Norcal 862 Sir Francis Drake Blvd.  
PMB 217 San Anselmo, Ca. 94960**

**WHAT TO BRING: Soccer ball, water bottle, shin-guards, cleats, indoor shoes (just in case) and a positive attitude!**

----- clip and mail form below -----

Please mark one:  8 sessions  16 sessions Amount enclosed \$ \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_ \*\*\*D.O.B \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

(If registering as part of a team, Team Name/Contact Person: \_\_\_\_\_)

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

Parent/Guardian Name \_\_\_\_\_ Business Phone \_\_\_\_\_

List any allergies or restrictions \_\_\_\_\_ Email \_\_\_\_\_

Doctor to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

Person to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_

**NO CASH REFUNDS – RAIN OR SHINE – FUTURE CAMP VOUCHERS PROVIDED IF A DAY OF CAMP IS CANCELLED**  
I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the COERVER COACHING SCHOOL, its affiliated organization and sponsors. Recognizing the possibility of physical injury associated with soccer, I hereby release, discharge and otherwise indemnify and hold harmless Coerver Coaching, Larkspur Recreation, Ron Benjamin, Ben Studholme, Jason Werner, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Coerver Coaching School. As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or the well-being of my dependent.

**\*PLEASE PRINT YOUR EMAIL ADDRESS CLEARLY – CONFIRMATIONS SENT VIA EMAIL\***

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian Parent/Legal Guardian