



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

(415) 460-9060

**NORTHERN CALIFORNIA COERVER SCHOOL OF SOCCER
PRESENTS**

2008 SPRING BREAK SOCCER SKILLS ACADEMY

WHERE: Ross School - Ross, Ca. (corner of Lagunitas & Ross Common)
(GYM & FIELD) ****please bring indoor shoes and cleats**

WHEN: ****February 18-22 9-12pm Monday – Friday Ages 6-13**
*******great opportunity to get ready for tryouts! *******

or
****April 7-11 9-12pm Monday – Friday Ages 6-13**

CONTACTS: Ron Benjamin 460-9060

INSTRUCTORS: Ron Benjamin, Jason Werner, Rob Funes, Kelly Coffey

PRICE: \$175/week (checks payable to “Coerver-Norcal”) *walk-ups add \$10

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 and cleats!
*****Please bring indoor shoes & cleats for camp*****

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

Amount enclosed\$ _____ ****Please circle camp date Feb 18-22 or Apr 7-11**

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 _____ Cell Phone _____ **Email** _____

List any allergies or restrictions _____

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, Ross Recreation, Ron Benjamin, 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.

Printed Name _____ Signature _____ Date _____
Parent/Legal Guardian Parent/Legal Guardian