



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

(415) 460-9060

**NORTHERN CALIFORNIA COERVER SCHOOL OF SOCCER  
PRESENTS  
MARIN SUMMER SOCCER SKILLS CAMPS 2007**

**June 18-22 @ Ross School – (Ross) \$175 – 9am – 12pm**  
**July 9-13 @ Piper Park - (Larkspur) \$175 – 9am – 12pm**  
**Aug 20-24 @ Ross School – (Ross) \$175– 9am – 12pm**  
*(\*\*\*Ages 6 – 14\*\*\*)*

**CONTACT:** Ron Benjamin 415-460-9060  
**INSTRUCTORS:** Ron Benjamin, Jason Werner, Ben Studholme, Mattias Kodzoman,  
 Rob Funes, Jody Lingafeldt, Laura Benjamin  
**PRICE:** \$175 / week (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, and a**  
 ----- *clip and mail form below* -----

Please mark one: June 18-22 \_\_\_\_\_ July 9-13 \_\_\_\_\_ Aug 20-24 \_\_\_\_\_

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

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

Address \_\_\_\_\_ Cell 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 – CAMP VOUCHERS WILL BE PROVIDED**

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, Ron Benjamin, Jason Werner, and the Cities of Larkspur and Ross 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