



# 2010 FootHolve Soccer Camps

## Mail-in Registration Form



Player's Name \_\_\_\_\_ DOB \_\_\_\_\_ M or F (circle one)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone (H/W) \_\_\_\_\_ Phone (Cell) \_\_\_\_\_

Club Team, Playing Level (i.e., Eagan, U14c1 Girls) \_\_\_\_\_

Medical Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_

Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_

Player's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Sign up for:	Camp & Location	Type	Dates	Time	Ages	Cost
<input type="checkbox"/>	East I (Cottage Grove–Kingston)	Rug, Acad	June 14-18	9am-12pm	4-14	\$140 *
<input type="checkbox"/>	West I (Eden Prairie–TBD)	Rug, Acad	June 14-18	9am-12pm	4-14	\$140 *
<input type="checkbox"/>	Attack South (Lakeville–Foxborough)	Rug, Acad	June 21-25	9am-12pm	4-14	\$140 *
<input type="checkbox"/>	Attack East (Woodbury–TBD)	Rug, Acad	June 21-25	9am-12pm	4-14	\$140 *
<input type="checkbox"/>	Select I (Mpls–Fort Snelling)	Select	June 21-25	9am-12pm	12-17 ***	\$160
<input type="checkbox"/>	Skill I/Rugrats (St. Paul–McMurray)	Super **	June 28-July 1	9:30am-12pm	4-17	\$120 *
<input type="checkbox"/>	South I (Bloomington–Kelly)	Super **	July 6-9	9am-12pm	4-17	\$130 *
<input type="checkbox"/>	East II (Cottage Grove–Kingston)	Rug, Acad	July 6-9	9am-12pm	4-12	\$130 *
<input type="checkbox"/>	Select II (Cottage Grove–Kingston)	Select	July 6-9	9am-12pm	12-17 ***	\$140
<input type="checkbox"/>	Southwest (Prior Lake–Ryan)	Super **	July 12-15	9am-12pm	4-17	\$130 *
<input type="checkbox"/>	Skill II (Edina–TBD)	Acad, Select	July 12-15	9:30am-12pm	10-17	\$120
<input type="checkbox"/>	Attack West (SLP–Louisiana Oaks)	Super **	July 19-23	9am-12pm	4-17	\$140 *
<input type="checkbox"/>	Tryout Prep (Mpls–Fort Snelling)	Acad, Select	July 19-23	9:30am-12pm	10-17	\$135
<input type="checkbox"/>	Prep West (Mtkc–MMW)	Super **	July 26-30	9:30am-12pm	4-17	\$135 *
<input type="checkbox"/>	South II (Apple Valley–Johnny Cake)	Rug, Acad	July 26-30	9am-12pm	4-14	\$140 *
<input type="checkbox"/>	Northwest (Elk River–Salk Middle)	Rug, Acad	July 26-30	9am-12pm	4-14	\$140 *

\* Rugrats Cost is \$105.

\*\* Super Camp = Rugrats, Academy, Select (Run as 2 separate camps: Rugrats/Academy, Select).

\*\*\* U11 and U12 players registering for Select Camps must play at the U11c2 or the U12c1 level.

Total: \_\_\_\_\_

SELECT CAMPS Ages 12-17 • Competitive • For Minnesota's most committed and competitive players  
ACADEMY CAMPS Ages 8-14 • Competitive and recreational • Develop skills and build passion for the game  
RUGRATS Ages 4-8 • Younger recreational players • Introduction to the game in a fun-filled camp experience

T-shirt size (circle one): YM YL S M L XL      How did you hear about the camp? \_\_\_\_\_

Enter Coupon Code here: \_\_\_\_\_

### Waiver of Liability

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of FootHolve, and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify FootHolve, and all other affiliated organizations, the staff coaches and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize. I hereby declare that the enrolled applicant is in good health, and, as the parent/legal guardian of a participant in the FootHolve Soccer Camp Program, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent. By signing this form I accept all responsibility and assume all costs that may be incurred in the event of an injury or accident.

Special medical conditions or allergies (circle one): Y or N  
If yes, explain: \_\_\_\_\_

Parent Name(s) \_\_\_\_\_

Emergency Contact and Phone \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Send registration form and payments to:

FootHolve  
5516 30<sup>th</sup> Avenue South  
Minneapolis, MN 55417

More info at [www.footholve.com](http://www.footholve.com)