



# 2009 FootHolde 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 \_\_\_\_\_ (i.e., Eagan) Age/Playing Level (i.e., U14c1 Girls) \_\_\_\_\_  
 Medical Insurance Co \_\_\_\_\_ Phone \_\_\_\_\_  
 Policy Holder \_\_\_\_\_ Policy Number \_\_\_\_\_  
 Player's Physician \_\_\_\_\_ Phone Number \_\_\_\_\_

Sign up for:	Dates	Time	Ages	Cost
<input type="checkbox"/> Academy Northwest (Salk Middle)	June 8-12	9am-noon	U7-U14	\$130
<input type="checkbox"/> Academy East I (Kingston)	June 8-12	9am-noon	U6-U14	\$130
<input type="checkbox"/> Select I (Fort Snelling-Mpls)	June 15-19	9am-noon	U13-U18 *	\$160
<input type="checkbox"/> Academy South (Johnny Cake)	June 22-26	9am-noon	U7-U14	\$130
<input type="checkbox"/> Skill Camp I (Fort Snelling)	June 29-July 2	10am-noon	U11-U18	\$105
<input type="checkbox"/> Academy East II (Kingston)	July 6-10	9am-noon	U6-U14	\$130
<input type="checkbox"/> Select II (Kingston)	July 6-10	9am-noon	U13-U18 *	\$160
<input type="checkbox"/> Skill Camp II (Fort Snelling)	July 13-16	10am-noon	U11-U18	\$105
<input type="checkbox"/> Academy Southwest (Prior Lake)	July 13-16	9:00am-noon	U6-U14	\$130
<input type="checkbox"/> Tryout Prep (Fort Snelling)	July 20-23	9:30am-noon	U11-U17	\$130
<input type="checkbox"/> Tryout Prep West (Holy Family)	July 27-30	9:30am-noon	U11-U17	\$130
Total:				

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

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 FootHolde, and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer, I hereby release, discharge, and/or otherwise indemnify FootHolde, 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 FootHolde 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:**

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

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