



# 2007-08 FootHolde Winter Clinics

\* Mail-in Registration Form \*



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

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

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

Player's Club Team & Playing Level (i.e., Eagan, U14c1 Girls) \_\_\_\_\_

**Please check the appropriate age group below:**

U10-U12 Gold Level  
 U13-U14 Elite Level  
 U15-U17 Showcase Level

**How did you hear about the camp?** \_\_\_\_\_

**T-shirt size (circle one):**

YM      YL      S      M      L      XL

Sign up for:		Dates	Time	Location	Price
<input type="checkbox"/>	Winter Session I FootHolde <i>Excellence of Attack</i> (6 weeks)	Nov. 4, 11, 18, Dec. 2, 9, 16	Sundays Tba (a.m.)	Bielenberg Dome	\$90
<input type="checkbox"/>	Winter Session II FootHolde <i>Performance Plus Development</i> (10 weeks)	Jan. 4, 11, 18 Feb. 1, 8, 15, 22, 29 Mar. 14, 21	Fridays 6-7:30 pm	Augsburg Dome	\$160
<input type="checkbox"/>	REGISTER ME FOR BOTH!	See above			\$225
				Total:	

## 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, 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 Winter Clinics, 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)