



# WARNER SOCCER PRESENTS

## Spring Break World Cup Soccer Camp

When: March 29-Apr 1, 2010  
 Who: Boys & Girls Ages 7-13  
 Site: Meadow Soccer Complex

Camp Time: 9:00am-5:00pm (Mon.-Thur.)  
 Drop off 8:30-9:00am, Pick Up 5:00-5:30pm  
 Cost: \$175 /Day option available at \$50 per day

### Program Highlights

- Top Quality Instruction (Directed by Mr. Leo Flanagan-ODP U16 boys coach)
- Individual Specialized Training
- Fitness with the ball exercises
- Game play-World Cup Format

**To Register or More Info Call: 386-3866**

#### **Child's Information** *(Please Print)*

Player's Last Name: \_\_\_\_\_ First: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

D.O.B. \_\_\_\_\_ Age: \_\_\_\_\_ Medical Conditions: \_\_\_\_\_

Drug Allergies: \_\_\_\_\_

#### **Mother's Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell/Other Phone: \_\_\_\_\_

Email Address \_\_\_\_\_

#### **Father's Information**

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Other: \_\_\_\_\_

Email Address: \_\_\_\_\_

In consideration of participation of \_\_\_\_\_, a minor in the Warner Soccer Clinic, I as a parent or guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor's participation and assume the risk arising there from.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

All checks must be made payable to **Warner Soccer**.

Charge Payment of : Visa \_\_\_\_\_ MC \_\_\_\_\_

Amount to charge; \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Account# \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

*No refunds given, only program credit. Please complete form and send in fee to:  
**Warner Soccer/1695-4 Metropolitan Circle/Tallahassee, FL 32303/386-3866***