



COERVER SOCCER CAMP APPLICATION

June 16-20, 2003

9 am-4 pm

Kanapaha Veteran's Memorial Park, Gainesville, FL

Applications will be accepted through June 15, but we have a limited number of spots. Early registration also helps us determine the necessary number of Coerver coaches. Please attempt to mail your application by June 1. Applications are currently being accepted.

Player's Name: _____ Sex: _____

Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ E-mail: _____

Years Experience: _____ Current Soccer Club: _____

Shirt Size: (circle one) Youth: M L Adult: S M L XL

The camp is geared toward beginning to advanced players ages 6-8, and intermediate to elite players ages 9-17. Players will be placed in groups based on ability and experience to maximize effectiveness. We will attempt to place players with their teams and friends. Use the space at the bottom of the page for comments.

Each camper will receive a tee shirt, and certificate of participation!

A Coerver, Adidas soccer ball can be purchased for \$20 (add this amount to final check) Circle: Size 4 or 5

Each camper should bring a ball, sunscreen, shin guards, cleats, proper attire for all weather and a smile accompanied with a great attitude! Water will be provided and Gatoraid sold for \$1.00 a bottle, however, players should bring a refillable container with their name on it. Daily lunches will be provided to campers for \$5.00. Insurance is provided for all campers, instructors and volunteers.

Send completed **application** and check for **\$210** made out to the host team:

Gainesville Rampage U10 Boys
8203 SW 16th Place
Gainesville, FL 32607

RELEASE OF LEGAL GUARDIAN ON BEHALF OF A MINOR

As a parent or guardian of the above applicant(s), I hereby give permission for my child to participate in the Coerver Coaching Southeast USA program, and agree to comply with all program regulations. I hereby remove the campsite, staff, management, Coerver Coaching schools, the Gainesville Vipers, and Gainesville Select Soccer Club from any liability for injuries incurred during my child's participation in this program. I, the undersigned parent or guardian, do hereby authorize the athletic trainer or coaches at Coerver Coaching schools to secure any and all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care deemed necessary.

Signed: _____ Date: _____

Emergency Phone Number(s): _____

Comments: