



# All Pro Soccer & Westfield Select

Proudly announce their

## ALL PRO SOCCER SUMMER GOAL KEEPING CAMP 2010

**“ALL PRO SOCCER 3-DAY GOAL KEEPING CAMP”:** [Mon thru Wed]

**19<sup>th</sup> TO 21<sup>st</sup> July:** 9.00am to 10.30am (under 12 years) OR  
11.00am to 12.30pm (over 12 years)

**Cost:** \$80 (includes T-shirt & quality soccer ball)

By popular demand All Pro has put together another Goalie Camp.

This camp will focus on the fundamentals of Goal Keeping. The Coach will be All Pro's Head Coach, Gary Walker, who is an ex-professional Goal Keeper and was one of England's Goal keeping Coaches who identified players to participate at the professional level.

**Due to the nature of this camp the numbers are extremely limited;** therefore, you are encouraged to sign up now to avoid disappointment.

*(Please ensure that your child is suitably attired for the camps i.e. cleats, shin guards, shower proof top or change of top if rains, water & sunscreen. Also no jewelry may be worn during sessions and no gum or candy to be eaten whilst training).*

*Also, if your child has a medical condition, we must be informed at the time of registration and informed of steps to take (in writing).*

**Please note** a 50% non-refundable deposit is required to secure your space on the camp.

*(Camps to take place at The Shamrock Fields, Westfield).*

**Keep this part and put on your notice board!!** ↑

### ALL PRO SOCCER GOALIE REGISTRATION FORM

**19<sup>th</sup>-21<sup>st</sup> July 2010: Mon thru Wed**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

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

I wish to attend the **PRO GOALIE CAMP (Under 12s/over 12s)** (please circle)

Phone: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Male/Female (circle)

Is your child a **Soccer Club Player YES/NO:** please indicate age Group & Club: U \_\_\_\_\_

Mother's/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Father's/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

List any medical problems/conditions or Prohibitions: \_\_\_\_\_  
\_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

#### **IMPORTANT:**

Unless this form is completed in full on the first day of camp, your child will not be able to participate in the Soccer Program.

I (parent/legal guardian), grant permission for my child to participate in the Soccer Program. I understand that the program is physically demanding and certify that my child is fully physically fit to participate. I hereby agree to save and hold harmless the All Pro Soccer & Sports Club LLC (APSSC), its staff, including coaches and each of its officers and Directors (the persons and entities released hereinafter being referred to individually and collectively as the All Pro Soccer & Sports Club LLC), against loss or damage for injury, illness or other conditions arising from my child's participation in the Soccer Program, and hereby release, waive and forever discharge the APSSC from any and all claims which may be made by, or on behalf of the participant in the Soccer Program

Parent/legal Guardian (please print): \_\_\_\_\_

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

#### **Consent for Medical Treatment (minor)**

As the parent/legal guardian of the registrant, I hereby give 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.

Signature of parent/legal guardian: \_\_\_\_\_



**Send this part and the registration fee to the "All Pro Soccer & Sports",  
15299 Stony Creek Way, Noblesville, IN, 46060 Tel 317 770 8365,  
Email: [chris@allprosportscenter.com](mailto:chris@allprosportscenter.com)**