



# SELECT TEAM CAMP

**AUG 6TH - AUG 10TH — COST: INCLUDED IN PLAYER  
REGISTRATION FEE**

Following Select tryouts in June, most players will have little or no contact with their team. In addition, during the long summer many players spend little time with a soccer ball. Join your team in preparing for the select season.

**Objectives:**

- Provide players and teams with a pre-season training atmosphere and work on team building
- Develop and reacquaint players with technical and tactical skills needed for Fall Season

**Morning session:** 900 – 1130am

U9, U10, U11 & U12 Girls and Boys teams

**Evening session:** 430 – 700pm

U13 & U14 Girls and Boys teams / U15, U16, U17 & U18 Girls

**Registration due July 18th**

Questions? Contact Drew Emrich (989) 832-0895 or [DrewEmrich@MidlandSoccerClub.org](mailto:DrewEmrich@MidlandSoccerClub.org).

## Select Team Camp—Registration Form

To register please complete the information below. Mail this form with your check to: Midland Soccer Club, c/o Summer Select Camp, 901 Soccer Drive, Midland, MI 48642.

Name \_\_\_\_\_ Birthday \_\_\_\_\_ Age \_\_\_\_\_ Gender \_\_\_\_\_

Team \_\_\_\_\_ Coach \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Parent Day Phone Number \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Allergies/Limitations \_\_\_\_\_ Family Doctor \_\_\_\_\_ Doctor Phone Number \_\_\_\_\_

T-Shirt Size (Circle One):      Youth M      Youth L      Adult M      Adult L      Adult XL

### Player Release Form

This release is to allow my child to participate in the Midland Soccer Club Soccer Camp. I recognize that my signature on this release is a condition of your permitting my child to participate. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Midland Soccer Club and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the camp. I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all its terms.

Parent / Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Check Number \_\_\_\_\_