



# SELECT TRY-OUT CLINICS

**Who:** Open to all MSC Rec and Fusion Players ages U8-U18.

Due to MSYSA regulations, clinics are closed to players currently affiliated with any other club.

**What:** The clinic is designed for those players who may be interested in trying out for 2010-2011 Midland Fusion teams. Led by Drew Emrich, Director of Coaching, and the Fusion training staff, the clinic will provide a preview of the structure of Select try-outs as well as the skills tested. Players will receive personalized feedback on their skills. Players will be divided into age groups. Please note, this is **not** an early try-out for Select or an invitation to join Midland Fusion.

<b>When/Where:</b>	U8 - U12	U8-U12	U13-U18
	Tuesday 6/8	Thursday 6/10	Thursday 6/10
	5:30 -7:30	5:30 - 7:30	5:30 - 7:30
	East Fields	East Fields	Fields 1 & 2

**Cost:** \$25/clinic - U8-U12 players may register for either or both clinics.

**Pre-Registration:** Registrations must be received by June 4th. Minimum 10 participants for the clinic to run. Maximum 50 participants.

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

## Select Try-Outs Clinic - Registration Form

To register please complete the information below. Mail this form with your check to: Midland Soccer Club, c/o Select Try-Out Clinics, 901 Soccer Drive, Midland, MI 48642. **Please Make Checks Payable to MSC**

Name	Age	Gender	Preferred Age Group
E-mail	Home Phone		
Parent/Guardian Name		Emergency Phone Number	

**Sessions Attending** (Circle all that apply. \$25 per session):

U8 - U12	U8-U12	U13-U18
Tuesday 5/8	Thursday	Thursday
5:30 -7:30	5:30 - 7:30	5:30 - 7:30

### Player Release Form

This release is to allow my child to participate in the Midland Soccer Club Select Try-Outs Clinic. 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