



2010 Warriors/Boys Soccer Clinic

Directed by Jason Heim

The Medfield Boys Varsity Soccer Coach, along with current and former members of the boys Varsity soccer teams

<u>Dates</u>	<u>Time</u>	<u>Grade in Fall 2010</u>	<u>Cost*</u>	<u>Location</u>
July 19 – 23	10 am – 12 pm	First & Second	\$70	Wheelock
July 26 – 30	9:30am - 12 pm	Third & Fourth	\$75	Wheelock
Aug 2 - 6	9 am – 12 pm	Fifth & Sixth	\$80	Wheelock
Aug 9 - 13	9 am – 12 pm	Seventh & Eight	\$80	Wheelock

*Includes Warrior T-shirt

Please make check payable to Jason Heim. Return the bottom portion, medical release, along with the fee by Friday June 11, 2010 to Kevin Jordan, 11 Saw Mill Lane, Medfield, MA 02052. Any additional information the email is kevjord@comcast.net.

Sessions will be limited in size and a wait list will be maintained if any sessions are full.

Name: _____

Grade Fall 2010 _____

Address: _____

T-Shirt Size: Youth: L

Adult: S M L XL

Phone #: _____

Cell #: _____

Email: _____

(please print clearly)

Parent's Signature: _____

Please remember to send the medical release form back with your check.

MEDICAL RELEASE

In the unlikely event that medical attention may be necessary for my son, I, the parent or guardian of _____, give my consent for emergency medical/surgical treatment.

Signature of parent or guardian: _____

Date: _____ Telephone: _____

Address: _____

OPTIONAL

My son is currently taking these medications: _____

My son is allergic to: _____

Family physician's name: _____

Family physician's address: _____

Family physician's phone: _____

GENERAL RELEASE

I hereby acknowledge that participation in the Warriors Soccer Camp carries with it potential hazard. I, therefore release., the camp coaches, staff and the Town of Medfield, of liability in the event of injury during the camp.

Participant's Name (please print): _____

Participant's birth date: _____

Signature of parent or guardian: _____

Date: _____