

Fishers Soccer Club Fall 2010 Recreational Skill Clinics



U5/U6 Skills Clinic

- **DATE:** Sep 10th – Oct 15th
* **Fridays Only**
- **TIME:** 5:30 – 6:15 pm
- **COST:** \$50
- **VENUE:** New Hope Facility

U7/U8 Skills Clinic

- **DATE:** Sep 10th – Oct 15th
* **Fridays Only**
- **TIME:** 5:30 – 6:30 pm
- **COST:** \$50
- **VENUE:** New Hope Facility

U9/U10 Skills Clinic

- **DATE:** Sep 10th – Oct 15th
* **Fridays Only**
- **TIME:** 5:30 – 6:30 pm
- **COST:** \$50
- **VENUE:** New Hope Facility

Frequently Asked Questions

Registration: Please complete the attached registration form and submit along with check for total amount to the address below:

FSC 2010 Rec Skills Clinic
PO Box 129, Fishers, IN 46038

Payment: Camps can be paid for by check (Payable to "Fishers Soccer Club") in advance or cash on the day of clinic

What To Bring To Clinics: Soccer Cleats, Water Bottle, Shinguards, Sunscreen, Attitude of Learning and Fun

Location: All Rec Skills Clinics will be held at the New Hope Fields (12550 Brooks School Road)

Camp Coaches: All clinics will be run by the FSC Directors of Coaching and qualified training staff that specialize in the skill development of young players.

Additional Questions:

Email Bryan Michel at techdoc@fisherssc.org

More info is available at our website:

www.fisherssc.org

Consult Weather Line (317-767-1276) or

<http://www.fisherssc.org/fields/index.shtml>

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| <input type="checkbox"/> U5/U6 Clinic | Sept. 10-Oct. 15 | \$50 |
| <input type="checkbox"/> U7/U8 Clinic | Sept. 10-Oct. 15 | \$50 |
| <input type="checkbox"/> U9/U10 Clinic | Sept. 10-Oct. 15 | \$50 |

TOTAL \$ _____

Player/Parent Info

Player Name: _____

D.O.B: ____/____/____ Age ____

Parent/Guardian Name: _____

Address: _____

City: _____ ST: ____ Zip: _____

Phone #: _____

Email Address: _____

Emergency Contact: _____

Emergency Phone #: _____

MEDICAL RELEASE: I hereby authorize "Fishers Soccer Club" coaches and staff to act for me according to their best judgment in any emergency requiring medical attention. I hereby waive & release "Fishers Soccer Club" and the camp/clinic location of all legal responsibility in the event of any injury to my child. I will be responsible for any medical or other charges with his or her attendance at the camp.

Parent/Guardian:

Initials: _____ **Date:** _____

Registration Form

Camp/s registering for (check box):