

EUROPEAN
COACHING STAFF

CTID SOCCER CAMP 2014

@ VETERAN ' S F I E L D , M U R R Y S V I L L E

- U6 9am-10:30 \$65
- U8 9am-Noon \$100
- U10 9am-Noon \$100
- U12 9am-Noon \$100

July 28th-August 1st

9am-Noon Mon-Friday

Sibling Discount Available
25% off second player
50% off third player
75% off fourth player

Led by AFFC Academy Director, Simon Austin

Using a technique based curriculum to improve
a player's skills & 1 v 1 sharpness



MAIL REGISTRATIONS TO

CTID Soccer
9 Heritage Court
Delmont
PA 15626
Phone: 412-735 8924
E-mail: simonaustinmls@hushmail.com

CTiD Summer Soccer Camp

Player's Name: _____ Date of Birth: ____ / ____ / ____
Address: _____
City: _____ State: _____ Zip: _____ Age: _____

Signing up for (circle): U6 \$65 / U8 \$100 / U10 \$100/ U12 \$100

T-shirt Size (circle): YS YM YL S M L

Please make checks payable to CTiD Coaching

Send registration & check to: Simon Austin, 9 Heritage Court, Delmont, PA 15626.

EMERGENCY INFORMATION (Please include Area Code)

Father's Name: _____ Mother's Name: _____
Father's Home Phone: _____ Mother's Home Phone: _____
Father's Work Phone: _____ Mother's Work Phone: _____
Father's Cell Phone: _____ Mother's Cell Phone: _____
Father's E-mail: _____ Mother's E-mail: _____

In an emergency, when parents cannot be reached, please contact:

Name: _____
Home Phone: _____ Work Phone: _____
Allergies: _____
Other Medical Conditions: _____
Player's Physician: _____
Work Phone: _____ 2nd Phone: _____
Medical and/or Hospital Insurance Company: _____ Phone: _____
Policy Holder: _____ Policy #: _____ Group #: _____

Parent's Approval and Medical Release

Recognizing the possibility of physical injury associated with soccer and in consideration for the CTiD/MASA and its affiliates accepting the registrant for its soccer programs and activities ("the Programs"), I hereby release, discharge and/or otherwise indemnify CTiD/MASA, its affiliated organizations and sponsors, their employees and associated personnel, including the owner of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and/or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature of Parent/Guardian

Print Name

Date