

**SOCCERPLUS**  
**GOALKEEPER School**

**SOCCERPLUS.ORG**  
**800.KEEPER.1**

**National Clinic**

**Register Online  
by Phone or  
by Fax**



Questions or Comments  
email Jason Grubb  
jason@soccerplus.org



**SOCCERPLUS IS AN EDUCATION COMPANY  
FOCUSED ON PLAYER & COACH DEVELOPMENT**

Presented by Tony DiCicco, Head Coach,  
1996 Olympic Gold Medalists  
1999 FIFA World Cup Champions  
2008 FIFA U20 World Cup Champion  
Boston Breakers (WPS)

**MARCH 20, 2010 – 9:00AM-12:00PM - \$50**

**Goalkeepers ages 11 and older**

**WHERE:** Soccer Sportsplex, 31515 Lorain Road, North Olmsted, OH

FAX with MC/Visa/Discover/AMEX to 888.891.4474

Credit Card: \_\_\_\_\_ Ex. \_\_\_\_\_ # on Back \_\_\_\_\_

**PLAYER INFORMATION AND MEDICAL RELEASE FORM**

Player's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**EMERGENCY INFORMATION**

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Other Medical Conditions: \_\_\_\_\_

Player's Physician: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Medical and/or Hospital Insurance Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Policy Holder: \_\_\_\_\_ Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_

**PLEASE COPY BOTH SIDES OF YOUR MEDICAL INSURANCE CARD & ATTACH TO THIS FORM**

**PARENT'S APPROVAL AND MEDICAL RELEASE**

Recognizing The possibility of physical injury associated with soccer and in consideration for the SoccerPlus Camps, Inc. and its affiliates accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the SoccerPlus Camps, Inc., its affiliated organizations and sponsors, their employees and associated personnel, including the owner of 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

\_\_\_\_\_  
Date