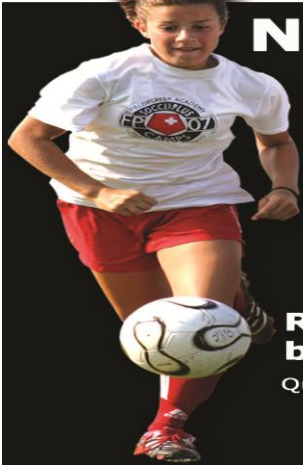




SOCCERPLUS
THE DICICCO METHOD

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National Clinic

FIELDPLAYER
Academy



**Register Online or
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GOALKEEPER
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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)



APRIL 10, 2010 – 9:00AM-12:00PM - \$50

Goalkeepers & Field Players ages 11 and older

WHERE: Bloomsburg University of Pennsylvania; Turf Stadium, Upper Campus, Bloomsburg PA 17815-1301
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