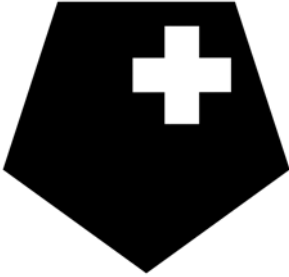


SOCCERPLUS GOALKEEPER CLINIC



INSTRUCTORS:

Anthony DiCicco and Adam Clementson
and other SoccerPlus Goalkeeper Staff

- April 25, 2008 – 5:30pm – 8:30pm - \$40**
- April 26, 2008 – 10:00am – 1:00pm - \$40**
- Attending Both - \$75**

WHERE: Garvey-Rosenthal Soccer Stadium
on the campus of TCU in Fort Worth, Texas
OPEN TO ALL GOALKEEPERS – U11 and older
Make checks payable to "SPGS."

Mail to: Goalkeeper Clinic

11 Executive Drive, Suite 202, Farmington, CT 06032
OR

FAX with MC/Visa/Discover to 860.677.0460

Credit Card: _____

Ex. _____ # on Back _____

Questions? Email: anthony@goalkeeper.com

Each goalkeeper needs to bring a ball (pumped please!) and a water bottle.

Saturday, April 26th the TCU Horned Frogs will play their Alumni Game at Garvey-Rosenthal Soccer Stadium

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