



KICKOFF TO SUMMER SOCCER CAMP 2009



Venue

Remington Park in Thomasville
(E Section)

Back fields by the softball complex across the
Railroad Tracks

June 15th-18th (Monday - Thursday)
9:00am- 3:00pm

Ages 7-14

The camp provides an opportunity for ALL players to experience training under the direction of TASA's Director of Coaching, Nick Jenkins and other certified coaches. The camps emphasizes quality instruction in a challenging environment.

Register by June 7th
Get \$10 off!

FREE T-SHIRT!!

What to wear:

- Play clothes
- Cleats
- Shin guards
- Rain Gear (when applicable)
- Sunscreen!

What to bring:

- Soccer ball
- Packed Lunch in small cooler
- Sports Drinks (water will be provided)

What you will experience:

- Professional soccer training
- Individual foot skill training
- Group instruction at improving decision-making skills
- Team building skills
- Small-sided competitions
- Player evaluations
- Fitness, Fitness, Fitness!

*Registration Procedure: Complete the Camp Application that is found attached to this form. Either mail application and payment to Nick Jenkins at the address listed below or on the first day of camp you can Register at the Registration Tent. Please make sure you have your signed application and payment on hand.

*Payment Procedure: enclose or bring a check, make checks payable to Thomas Area Soccer Association or you may pay online with PayPal at www.tasasoccer.com. Register by June 7th and get \$10 off!

For more information, call Nick Jenkins at 229-672-0580 or njenkins@rose.net

www.tasasoccer.com

Mail applications with payment to:
TASA Soccer C/O Nick Jenkins
120 Anns Cove
Thomasville, GA 31757



**THOMAS AREA SOCCER ASSOCIATION
KICKOFF TO SUMMER SOCCER CAMP 2009
June 15th-18th (Monday - Thursday) 9:00am-3:00pm**

Participant's Name _____

Date of Birth _____ Age _____

Address _____

City/State/Zip _____

Male/Female _____ Most Preferred Position _____

Parent's Name _____ E-Mail _____

Cell Phone _____ Day Phone _____

In Case of Emergency Contact _____

Contact Telephone number(s) _____

Medical Insurance Company _____ Policy # _____

Circle Free T-Shirt Size: **YS YM YL AS AM AL**

Please indicate one: _____ Payment is enclosed; _____ 50% deposit is enclosed; _____ I am paying online

Camp fees: \$75 for first child; \$60 for additional children (\$10 off only applies to \$75 rate)

**WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT/CONSENT TO MEDICAL TREATMENT
READ BEFORE SIGNING**

In consideration of being allowed to participate in this camp, related events and activities, I hereby **RELEASE, WAIVE, DISCHARGE AND COVENANT NOT TO SUE** Thomas Area Soccer Association, the Georgia State Soccer Association, United States Club Soccer, Nick Jenkins, and the owners of the fields and facilities utilized for the camp and any of the officers, servants, agents or employees (hereinafter referred to as **RELEASEE**) from any and all liabilities or course of action whatsoever arising out of or related to any loss, damage, or injury, including death that may be sustained by my child, **WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEE**, or otherwise, while participating in this camp, or while in, on or upon the premises where the camp is being conducted.

To the best of my knowledge, my child is in good physical condition and I am not aware of any physical infirmity, which would place my child at risk to participate in anyway with the camp's activities. I am fully aware of risks and hazards connected with this camp. **I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISK OF LOSS OR PERSONAL INJURY, INCLUDING DEATH**, that may be sustained by my child as a result of being engaged in the camp's activities, **WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEE** or otherwise.

During the period of the camp, I hereby give permission for the staff of the camp to administer appropriate medical attention to my child in the event of an accident, illness, or injury. I will be responsible for any and all costs of medical coverage and treatment provided not covered by insurance.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall bind the members of my family and spouse, if I am alive and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a **RELEASE, WAIVER, DISCHARGE AND COVENANT NOT TO SUE** the above-named **RELEASEE**. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement/Consent to Medical Treatment shall be construed in accordance with the laws of the State of Georgia. In signing this release, I acknowledge and represent that I have read and understand it and sign it voluntarily: I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by the same. **I HAVE READ THIS WAIVER OF LIABILITY AND FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.**

Parent/Guardian's Signature _____ Date _____

Print Participant's Name _____

Questions: Call Nick Jenkins at 229-672-0580 or njenkins@rose.net

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Thomasville, GA 31757**

Or pay online via Paypal at www.tasasoccer.com