



SELECT TEAM CAMP

WEEK 1: AUGUST 9TH - 12TH — WEEK 2: AUGUST 16TH-19TH — COST: \$100/PLAYER

Following Select tryouts in June, most players will have little or no contact with their team. In addition, during the long summer many players spend little time with a soccer ball. Join your team in preparing for the select season.

Objectives:

- Provide players and teams with a pre-season training atmosphere and work on team building
- Develop and reacquaint players with technical and tactical skills needed for Fall Season

Week 1: August 9th – 12th

Morning session: 830 – 11am
 U10, U11 & U12 Girls Teams
 Evening session: 500 – 730pm
 U13 & U14 Girls and Boys
 Premier and Mid-Michigan
 Teams

Week 2: August 16th – 19th

Morning session: 830 – 11am
 U10, U11 & U12 Boys Teams
 Evening session: 500 – 730pm
 U15, U16, U17 & U18 Girls
 Premier and Mid-Michigan
 Teams

Questions? Contact Drew Emrich (989) 832-0895 or DrewEmrich@MidlandSoccerClub.org.

Select Team Camp—Registration Form

To register please complete the information below. Mail this form with your check to: Midland Soccer Club, c/o Summer Select Camp, 901 Soccer Drive, Midland, MI 48642. **Please Make Checks Payable to MSC**

Name	Birthday	Age	Gender
Team	Coach		
Address	Home Phone	Cell Phone	
E-mail			
Parent/Guardian Name	Parent Day Phone Number	Emergency Contact	
Allergies/Limitations	Family Doctor	Doctor Phone Number	
T-Shirt Size (Circle One):	Youth M	Youth L	Adult M Adult L Adult XL

Player Release Form

This release is to allow my child to participate in the Midland Soccer Club Soccer Camp. I recognize that my signature on this release is a condition of your permitting my child to participate. I certify that my child is in excellent physical health, and may participate in strenuous and hazardous physical activities, including the soccer to be played at camp. I certify that there are no physical limits to my child's participation in the camp. Permission is granted for my child to receive emergency medical treatment if needed. I hereby release and discharge Midland Soccer Club and all their affiliated entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss suffered by my child in connection with his/her participation in the camp. I represent that I am a parent/guardian of the minor named above and I agree that the grant and release contained therein binds the minor and me to all its terms.

Parent / Guardian Signature _____ Date _____ Check Number _____