

2007-08 Winter Skills Clinics

The camp participant is in good health and has my permission to participate in camp activities. I am aware of the risks connected with the participants involvement in the camp and its related activities. In the event of an emergency, I hereby give permission to the camp director to secure proper treatment for the participant.

Signature of Parent or Guardian

Print name

Student's Name

Day Phone

Evening Phone

Street address

E-mail

City

State

Zip

Date of Birth

Club: _____ Team: _____ Div.: _____

Gender: M / F

12 wk Skills Clinic - Dec.. 8th - March 3rd - Clinic selection at Sportime in Kings Park, NY

Saturday's at 12pm - 1pm U8 and U9

Saturday's at 1pm - 2pm U10 and U11

Saturday's at 2pm - 3pm U12 and U13

Cost: \$225

Make Payment to: ISA WINTER CLINIC • 199 CHELTENHAM RD., WEST BABYLON, NY 11704

For full payment (Please put child's name on check)

For any question, Please call: (631) 335-5982 or e-mail us at: info@intensesocceracademy.com

REGISTRATIONS WILL NOT BE ACCEPTED AT FIELD

If it's not INTENSE, it's not ISA