

Spring Soccer Camp

Here comes the sun...it's time to dust off the cleats...and pump up the balls! Sign up to spend three days developing and showcasing your skills with the Oneonta State Men's Soccer Team.

Dates: Mon–Wed, April 18–20, 2011

When: 9:00 am–1:00 pm

Where: Alumni Field House/Turf Field/Chase P.E. Gym

Who: Boys & Girls aged 7–14

Cost: \$50/Player for 3 days



Schedule: 9:00 am–1:00 pm: features indoor/outdoor soccer, skill drills, and swimming.

- Each participant is asked to bring: soccer attire, ball, indoor shoes, swimwear, towel and lunch.



- Pizza Lunch (2 slices & soda) available for purchase @ \$4/day.

[Please check appropriate boxes below]

- All pick-ups and drop-offs are at Alumni Field House.

- For further information contact Iain Byrne at: (607) 436-2102 or byrneij@oneonta.edu

To Register: Sign and return completed registration form. No deposit required.

Full payment due on the first morning of camp, with check payable to:

Oneonta State - Men's Soccer
308 Alumni Field House, Ravine Parkway
Oneonta, NY 13820

This event serves as
a fundraiser for the
Men's Soccer Team.

TEAR HERE

REGISTRATION FORM

Name _____
Home Phone _____
Emergency Phone _____
Age _____ Sex M F
Address _____
City _____ State _____ Zip _____
Email _____

Please complete and total:

3 Day Camp \$50.00

Pizza Special @ \$4.00/day

☐ Mon ☐ Tue ☐ Wed \$ _____
Total \$ _____

(Name of Parent/Guardian)

I hereby authorize Iain Byrne's Oneonta State Soccer Clinic to act on my behalf according to their best judgement in any medical emergency. I verify to the best of my knowledge that the above named player(s) is physically able to participate in the activities of the soccer clinic. I, the undersigned, waive and forever discharge Iain Byrne's Oneonta State Soccer Clinic at the State University of New York, College at Oneonta, its staff, officers, agents, representatives, employees, and successors, for all rights and claims for damages to person or property while under the supervision of Iain Byrne's Oneonta State Soccer Clinic.

Signature of Parent/Guardian _____ Date _____