

FRESNO CITY COLLEGE WOMEN'S SOCCER



GIRLS SOCCER CAMP

JULY 10 - 14, 2017

10 AM - 12 NOON: GIRLS AGES 8 - 14

6 PM - 8 PM: GIRLS AGES 15 - 18

LOCATION: Fresno City College: 1101 E. University, Fresno, CA, 93741

TIME: 10 AM - 12 NOON (AGES 8 - 14) // 6 - 8 PM (AGES 15 - 18)

FREE T-SHIRT AND BALL FOR 2-DAY MINIMUM // TREAT EVERYDAY

****ASK ABOUT OUR TEAM SPECIALS****

TRAIN LIKE CHAMPIONS

SKILL DEVELOPMENT
FUTSAL
POSITIONAL TRAINING
MENTAL SKILLS TRAINING
CAMP HIGHLIGHT VIDEO

**\$130/ WEEK
OR \$30/ DAY**

FCC WOMEN'S SOCCER

11 Conference Championships
NSCAA Nationally Ranked TOP 15 (2016)
21 ALL - AMERICANS (since 2005)

Please fill the registration form and return with payment to
1101 E. University Ave; Fresno, CA, 93741. ATTN: Oliver
Germond FRESNO CITY WOMEN'S SOCCER. QUESTIONS?
Contact Oliver Germond at 559.281.7189 or
oliver.germond@fresnocitycollege.edu



REGISTRATION FORM

FCC SUMMER CAMP: JULY 10 - 14, 2017

DEADLINE TO REGISTER: JULY 3, 2017

Advanced registration is recommended and will be accepted by mail to 1101 E. University Ave, Fresno, CA, 93741
ATTN OLIVER GERMOND FRESNO CITY WOMEN'S SOCCER.

This is the pre-registration form. When this is received and paid in full, you will have a reserved spot for the camp. There are no refunds. CAMP FEE: \$30/ DAY or \$130 for the week. QUESTIONS? CALL OR EMAIL OLIVER GERMOND 559.281.7189. oliver.germond@fresnocitycollege.edu.

EQUIPMENT AND SUPPLIES

All campers are expected to have their own shin guards and cleats. Water will be provided for the duration of the camp. Each camper is responsible for bringing any medicine needed and alerting staff to any known medical risks such as asthma, diabetes, allergic reactions, etc...

PLEASE COMPLETE THIS PORTION AND RETURN WITH YOUR PAYMENT
1101 E. University Ave, Fresno, CA, 93741
ATTN OLIVER GERMOND FRESNO CITY WOMEN'S SOCCER: (PLEASE PRINT CLEARLY):

NAME OF STUDENT ATHLETE:

AGE OF STUDENT ATHLETE:

T-SHIRT SIZE: SM MED LRG XL

SOCCER POSITION OF STUDENT ATHLETE:

STUDENT ATHLETE CELL PHONE:

STUDENT ATHLETE EMAIL:

STUDENT ATHLETE CURRENT SCHOOL:

STUDENT ATHLETE HIGH SCHOOL GRADUATION YEAR:

SPECIAL MEDICAL INFORMATION WE SHOULD BE AWARE OF:

CONTACT INFORMATION

PARENT NAME (FIRST AND LAST):

EMERGENCY CONTACT (PHONE AND RELATIONSHIP):

ADDRESS OF STUDENT ATHLETE:

PLEASE READ AND SIGN:

We, the undersigned, intending to be legally bound, hereby, for myself, my heirs, executors, administrators, and assigns, waive and release any and all rights and claims for damages, I or we, may have against FCC Soccer Camp and its agents, representatives, and employees for any injury or illness suffered while at camp. I, or we, grant the agents, representatives and employees, of FCC Soccer Camp to act as guardian spokesman in granting permission for emergency medical treatment/ hospitalization, if necessary. Due to insurance purposes, no camper will be allowed to leave the camp premises during camp hours. If a camper chooses to do so, it is the responsibility of the parent/ guardian.

SIGNATURE OF PARENT/ GUARDIAN

DATE