

CLARKE COLLEGE SOCCER PRESENTS

FANTASTIC OUTDOOR FUTSAL FUTBOL

COMES TO DUBUQUE
SUMMER 2008

The Clarke College soccer program will be hosting Dubuque's first outdoor "FUTSAL FUTBOL" SOCCER CAMPS for area youth soccer players, Boys and Girls aged 6 to 19, in May, June, July and August.

WHAT IS FUTSAL FUTBOL?

Futsal is an exciting 5-a-side soccer format played on a field the size of a basketball court – a style of soccer that is sweeping Europe, South America and USA by storm.

WHAT IS FUTSAL FUTBOL CAMP?

Each session is comprised of 4 days, Monday through Thursday, 2 hours per day. Players are taught Futsal Playing strategy, soccer skills and techniques for one hour by the Clarke College Coaching Staff, and then play in a FUN, EXCITING, FUTSAL TOURNAMENT format.

CAMP DATES AND TIMES

All camps held at Clarke College campus
1550 Clarke Drive, Dubuque

SESSION 1, MAY 19-22, \$50 PER PLAYER

A: 6-11 years 4 - 6 pm
B: 12-14 years 6:30 - 8:30 pm
C: 15-19 years 6:30 - 8:30 pm

SESSION 2, JUNE 9-12, \$50 PER PLAYER

A: 6-11 years 4 - 6 pm
B: 12-14 years 6:30 - 8:30 pm
C: 15-19 years 6:30 - 8:30 pm

SESSION 3, JULY 21-24, \$50 PER PLAYER

A: 6-11 years 4 - 6 pm
B: 12-14 years 6:30 - 8:30 pm
C: 15-19 years 6:30 - 8:30 pm

SESSION 4, AUGUST 4-7, \$50 PER PLAYER

A: 6-11 years 4 - 6 pm
B: 12-14 years 6:30 - 8:30 pm
C: 15-19 years 6:30 - 8:30 pm

SPACE IS LIMITED! REGISTER TODAY

To reserve your spot, please complete the Player Registration Form and a \$50 check (payable to Clarke College) for each session that your athlete is attending and mail to:

Clarke College Soccer
1550 Clarke Drive
Dubuque, Iowa 52001



Clarke College
A Catholic, Liberal Arts Experience

www.clarke.edu/athletics

CLARKE COLLEGE SOCCER OUTDOOR FUTSAL FUTBOL CAMP

Please complete and return this portion with full payment.

REGISTRATION FORM

Circle Camp Session: 1A 1B 1C 2A 2B 2C
3A 3B 3C 4A 4B 4C

Athlete's Name _____ Age _____

School _____ Grade _____

Address _____

City _____

State _____ Zip _____

Home Phone (_____) _____

Mother's Name _____

Mother's Cell Phone (_____) _____

Father's Name _____

Father's Cell Phone (_____) _____

Parent's E-mail _____

T-shirt Size: (circle one)

Youth S M L Adult S M L XL

HOLD HARMLESS AND HEALTH INFORMATION

Neither Clarke College nor the Clarke College Futsal Futbol Clinic carries medical insurance for injuries sustained by participants. Therefore, the person responsible for participant should review his/her own health insurance policy for coverage. The absence of health insurance coverage does not make Clarke College or the Futsal Futbol Clinic responsible for payment of medical expenses. As a parent/guardian/participant, I agree to assume the full risk and fully release and discharge members of the Clarke community, its directors, officers, trustees, agents, servants and employees for any injuries, including death, damages, or loss regardless of severity, which I or my child/ward may sustain as a result of any Futsal Futbol Clinic activity. I agree to waive and relinquish all claims my child/ward or I may have as a result of participating in the Clarke College Futsal Futbol Clinic against Clarke College and its directors, officers, trustees, agents, servants and employees, as well as to indemnify and hold harmless the aforementioned. In the event of an emergency, I authorize Clarke College Futsal Futbol Clinic officials to secure treatment from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for me or my child/ward's immediate care, and medical services required.

I have fully read and understand the above, and all information supplied by me is accurate and current to the best of my knowledge.

Date: _____

Participant's Name: _____

Birth date: _____

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Allergies: _____

Necessary Medical Information: _____

Medical Insurance Company: _____

Policy Number: _____

Dubuque Doctor/Hospital Preference: _____

If Parent/Guardian is unavailable, in the event of emergency, please contact:

Name: _____

Relationship: _____

Phone Number: _____



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