



UAlbany Men's Soccer Prospect Clinic



DATE: Sunday June 12, 2011
TIME: 11:00 — 3:00
WHERE: UAlbany Varsity Soccer Field
AGE: High School (10th 12th grade)
Price: \$75 per player (payable to UAlbany men's soccer) Space is limited; Application deadline is June 3, after this date please call. (Non-refundable)

REGISTRATION FORM:

NAME: _____ GRADE _____
ADDRESS: _____ CITY _____ STATE _____ ZIP _____
PHONE #: _____ EMAIL: _____
CLUB TEAM: _____ HIGH SCHOOL: _____
POSITION: _____ GRAD.YR: _____ HEIGHT: _____ WEIGHT: _____

MEDICAL WAIVER:

As the parent/guardian of the participant in the UAlbany Men's Soccer Clinic, I Certify that he/she is in excellent physical health and capable of participating in any strenuous activity. I hereby give my approval to his/her participation at the soccer clinic. In case of injury to my child, I agree to waive all claims resulting from or in connection with the activities my child is a participant. I hereby release, absolve and hold harmless to the University at Albany, the soccer coaching staff, sponsors and supervisors from any such claim. In the event of an emergency, I hereby give permission for a representative of the clinic to transport my child if necessary for medical attention.

Signature Parent/Guardian _____ Contact # _____

Make check payable to: University at Albany Men's Soccer
Send application, registration, medical waiver, and payment to:
UAlbany Men's soccer
1400 Washington Ave PE 123
Albany, NY 12222
mmordocco@albany.edu
Fax: (518) 591-8552
Cell: (518) 339-4867

