

# Soccer Skill Clinic

**June 19, 20, & 21**

**6:00-7:30 p.m.**

**Greenville Sports Complex**

**Ages 6-12**

**Cost = \$15**

**This clinic is available to all 2017 GASA (rec & travel) players only.**

**During these 3 exciting skills-filled evenings, you will learn skills such as ball touch, dribbling to penetrate, striking the ball on the goal, turning & receiving, and combination play as you are instructed by Commodore Perry High School Soccer Coach Chad Gongaware and assisted by high school soccer players. Please bring soccer ball, water bottle, shin guards, and soccer shoes to every session. Interested players should complete the registration form below and send it to: G.A.S.A., P.O. Box 163, Greenville, PA 16125 by June 12th. Please email any questions to: [cpandgreenvillesoccer@gmail.com](mailto:cpandgreenvillesoccer@gmail.com).**

Player's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

Medical Concerns: \_\_\_\_\_

*Please make checks payable to Greenville Area Soccer Association.*

### ***All proceeds benefit Greenville High School Soccer Boosters.***

Recognizing the possibility of physical injury associated with soccer and in consideration for the USSF/US Soccer/Soccer PA, GASA, and its affiliates accepting the registration for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USSF/US Youth Soccer/PA, GASA and its affiliated organizations and sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which is transportation I hereby authorize. My son/daughter has received a physical examination by a physician and has been found physically capable of participating in the Programs. I hereby give my consent to have an athletic trainer and /or doctor of medicine or dentistry provide my son/daughter with medical assistance and/or treatment and agree to be responsible financially for the reasonable cost of each assistance and/or treatment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_