

**PLEASE MAKE CHECKS PAYABLE
AND MAIL TO:**

Quick Play Advanced Soccer Training
4522 S. Jasper Ave.
Milwaukee, WI 53207

By enrolling your soccer player in the Quick Play Advanced Soccer Training Soccer Training Camp, you hereby authorize camp officials, workers, athletic trainers, and the Croatian Eagles S.C. to take whatever action is deemed necessary, in their judgment, for the health of your child. You consent to any immediate medical procedures that the physician believes your child needs. You accept full responsibility for all costs related to such treatment.

You also certify that your child is in good health and give permission for your child to participate in all training. You hold the camp officials, workers, athletic trainers, and the Croatian Eagles S.C. free from all liability for any injury, loss, or financial loss that may occur as a result of your child's involvement in The Quick Play Advanced Soccer Training Summer Soccer Training Camp.

Parent/Guardian Signature: _____

Date: _____

**Quick Play
Advanced
Soccer Training**

**BOYS HIGH SCHOOL
COLLEGE ID
TRAINING CAMP**

JULY 25-29, 2011



WHO: Incoming Freshmen through Seniors.

WHEN: July 25-29, 2011
1:00 PM - 4:00 PM

WHERE: Croatian Park
9140 S. 76TH ST.
Franklin, WI 53132

**WHY: TRAINING WILL BE
CONDUCTED BY
COLLEGE COACHES**

Monday through Thursday, each player will have two 1 ½ hour training sessions with a College coach. Friday will be game day. EACH player will have 8-10 different college Coaches throughout the week and EVERY College coach will observe each player train.

COST: \$175.00

A list of the attending coaches will be updated on the Croatian Eagles S.C. website.

www.croatianeaglessc.com

For more information, please contact the camp managers.

Scott Suprise: sskaps@aol.com

Alex Toth: alextothsoccer@yahoo.com

Player's Name: _____

Address: _____

City: _____

State: _____ Zip: _____

High School Fall 2011: _____

Grade Fall 2011 _____ T-shirt Size: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Family Physician: _____

Physician Phone: _____

Health Insurance Carrier: _____

Policy Number: _____

List any health concerns/allergies of which we should be aware:

Please fill out both sides of this form