

Top of the Line Goalkeeping and Field Player Academy

"Reach your potential"

413.218.6875

topofthelinegk@gmail.com

2015 Summer Goalkeeper and Field Player Clinic

Nonotuck Park Soccer Complex

Easthampton, MA

August 10-13, 2015

4:00pm–7:30pm

Friday is a rain date if needed

Academy Ages 8-11: \$150.00

Intermediate Ages 12-14: \$160.00

Advanced Ages 15-18: \$170.00

Sibling Discounts Available (\$10 off each child)

Top of the Line Goalkeeping is in its 7th year of providing a quality goalkeeper and field player education. Our staff includes high level college coaches and players that provide a wealth of knowledge and experience. Our staff is CPR/AED certified and we will provide an EMT on site. Staff will be named as the clinic draws nearer.

Space is limited and will fill up fast. To reserve your spot register today. Late registration (after 7/25) will have an additional \$10 charge.

All participants will receive a 10% discount at Andre's West Side Sport Shop and we will have Reusch goalkeeper gloves, pants and shirts on site.



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Please mail this page to Top of the Line Goalkeeping P.O. Box 532 West Springfield, MA 01090. Please make checks payable to Top of the Line Goalkeeping. A confirmation e-mail will be sent once the registration is received.

Camper's Name: _____ Date of Birth: _____

Please Circle One: Field Player Clinic Goalkeeper Clinic

Email: _____ Phone Number: _____

Group Selected: Academy Intermediate Advanced Shirt Size: YM YL AS AM AL AXL

Emergency Contact: _____ Emergency Number: _____

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Emergency Contact: _____ Emergency Number: _____

Medical Release

As the parent/legal guardian of: Name of Player: _____

I do hereby release and discharge Top of the Line Goalkeeping and associates with Top of the Line Goalkeeping for all accidents and medical or dental expenses incurred as a result of participation with Top of the Line Goalkeeping. The above named applicant is in good health, and has my permission to participate in the physical activities of Top of Line Goalkeeping programs. In the event of an emergency or injury/illness, I grant permission for the applicant to be given treatment by a medical professional, and I will assume all responsibility for payment of any uninsured cost incurred.

Top of the Line Goalkeeping and its coaches will not be held liable for any injury. All players must have their own health insurance.

Signature of Parent/Guardian: _____

Date: _____

