

Seton La-Salle Soccer Camp July 6-10

BOYS

Record: 134-19-4
State Champs 2006 & 2008
WPIAL Champs 2002 2006 2008
Section Champs 2002 2003 2005 2006 2007 2008

| | | |
|---------------|------------|-----------|
| Footwork | Shielding | Dribbling |
| Shooting | Heading | Defending |
| Zonal Defense | Skill Work | Koever |

Coaching Staff:

**Mike Thomas, Thomas Sochacki,
Guest Coaches, and Guest Players**

Fee enclosed of \$100.000

Name _____ Birth date _____

Address _____

Telephone Number _____

Please Select the Session player will attend:

Grades 1-4
8:00- 10:30

Grades 5-7
12:00-2:30

Grades 8-12
6:00-8:30

Please make checks payable to
 Mike Thomas 950 Segar Road Pittsburgh PA 15243
 by Monday June 15, 2009

If you have any questions please contact Mike Thomas at 412-670-1437

(over)

EMAIL ADDRESS _____

BIRTHDATE : _____ AGE: _____ GRADE/FALL 2006: _____

SCHOOL ENROLLED/FALL 2009: _____

EMERGENCY CONTACT: _____ PHONE: _____

MEDICAL INSURANCE INFORMATION

PROVIDER _____ ID NUMBER _____

PHYSICIAN NAME AND PHONE NUMBER _____

Parent/Guardian Authorization: I hereby approve of my son to participate in the Seton-La Salle Summer Sports Camp(s) and certify that s/he is in good health and able to participate in the program activities. I authorize that the program directors act for me according to their best judgment in any emergency requiring medical attention, for which service I shall pay. I also agree to release, waive, and discharge Seton-La Salle High School and its camp coordinators of any responsibility in the case of an accident or injury.

Parent/Guardian Signature: _____

Date: _____