



Tricia Taliaferro's Hurricane Soccer Camps 2008 Spring Clinic Registration

The **Hurricane Soccer Clinic** is designed with the youth player in mind, to develop and enhance technical skills with the ball. Each individual player will get hundreds of touches on the ball every session, building a foundation for future development. The clinic will be held on Monday night's from 5:30pm to 7pm and will run for 6 weeks. This year's clinic will begin Monday March 17th and will end on Monday April 21st. Cost for the 6 weeks is \$115. Instruction will be ability and age specific. The clinic is open to all boys and girls ages 6-12, and will be limited to the first 100 participants. **EACH OF THE LAST TWO YEARS THE CLINIC DID FILL UP!** All instruction will be given by the University of Miami soccer coaching staff. All clinic participants will receive a Miami Soccer t-shirt. The **2008 Hurricane Soccer Clinic** will take place at Cobb Stadium at the University of Miami, and home to the Miami Hurricanes!

If you have questions regarding the **2008 Hurricane Soccer Clinic** please contact Jeff Freeman at jfreeman@miami.edu or at 305-284-4179. A registration confirmation, directions to Cobb Stadium, and a list of items to bring will be mailed to you as soon as your registration is received and processed.

A \$25 discount will apply to teams of 10 or more, siblings attending together, or family members of UM employees.

Please fill out the application below and enclose a check/money order for \$115 made out to **Hurricane Soccer Camp** and send to:

**Hurricane Soccer Camp
c/o Jeff Freeman
5821 San Amaro Dr.
Coral Gables, FL 33146**

Name _____ Sex _____ M _____ F _____

Address _____ Age _____ DOB _____

City, State, Zip _____ Current Grade in School _____

Parent/Guardian _____ Home Phone _____

Email _____ Cell Phone _____

Emergency Contact other than parent _____

Emergency Contact Phone _____ Discount applies: Team _____

_____ YES I would like to buy a ball (USOCCER Logo - \$25 now, \$30 first day of camp) Sibling _____

Insurance Waiver and Medical Release. Read before signing! Employee _____

I hereby authorize the staff of the above named clinic to act for me according to their best judgement in any emergency requiring medical attention. I hereby discharge and covenant not to sue Tricia Taliaferro's Hurricane Soccer Camp, Tricia Taliaferro, any of the servants, agents, or employees from any and all liability or course of action whatsoever arising out of, or related to any loss, damage, or injury, including death that may be sustained by me/my child, or to release, or otherwise, while participating in the camp program. My signature on this waiver also states that the above named camper is covered by my personal medical insurance policy. I am at least eighteen (18) years of age and fully competent, and I execute this release in full, adequate and complete consideration fully intending to be bound the same. All pictures taken at and for Hurricane Soccer Camps may be used in future publications or advertisements.

Tricia Taliaferro's Hurricane Soccer Clinic is a separate identity from the University of Miami.

Parent/Guardian Signature _____ Date _____

Insurance Carrier _____ Policy # _____

