



# Menlo College Elite Soccer Clinic

**Who:** All players 14 years or older

**What:** Training with focus on technical, tactical, and physical development

**When:** February 14, 2010

**Where:** Wunderlich Field, Menlo College Campus, 1000 El Camino Real, Atherton, CA

**Time:** 9:00 a.m. – Registration; 10:00 a.m.-4:00 p.m. – Clinic

**Cost:** \$75 per participant (includes lunch and shirt)

**Directed by:** Head Coach Zack Masters

Associate Head Coach Sherman Trigg

\*Out of town guests: please call the Hilton Garden Inn @ 650-316-2100; ask for Garrett Ritter and give him code T8.

For more information, contact Sherman Trigg at 408-857-7591 or [shermantrigg@hotmail.com](mailto:shermantrigg@hotmail.com)



\*\*\*Please mail registration, liability waiver, and payment to:  
Menlo College Attn: Women's Soccer 1000 El Camino Real Atherton, CA 94027

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Email address: \_\_\_\_\_

## Liability Waiver

I hereby authorize the staff of the Menlo College soccer program and athletic department to act for me to their best judgment in an emergency requiring medical attention, and I hereby waive and release Menlo College, the athletic department and athletic personnel from any and all liability for the injuries or illnesses incurred while at the camp. I have no knowledge of any physical impairment that would be affected by the below named campers participation in the camp program. I understand that I am required to maintain and carry accidental medical coverage for the child listed on this application, and I verify that the coverage information herewith is accurate and true. I understand the camp is not responsible for lost or stolen articles. I also understand the camp retains the right to use for publicity and advertising purposes photographs of campers at camp.

**Parent/ Guardian Signature      Date**

**Medical Carrier      Policy #**

\_\_\_\_\_

Camper Name: \_\_\_\_\_

\_\_\_\_\_

Charge My (circle one): Visa/MC/AmEx

Parent(s) Name(s): \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Address: \_\_\_\_\_

Account Number: \_\_\_\_\_ Exp date: \_\_\_\_\_

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

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

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

Emergency contact: \_\_\_\_\_

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

\*\*\*Make checks payable to Menlo College Women's Soccer\*\*\*