



# Thanksgiving Break Player/Team Training

**November 23 to 25, 2009  
Monday to Wednesday,  
8am to 12pm, \$75 (\$25/day).**

Spend 3 days of dedicated training with our DOC and staff over the Thanksgiving Break. Players will be grouped by age and skill level. All ages are welcome. Teams will train together.

Register by Monday, Nov. 16th (to ensure we have adequate staff and to get the t-shirt). Place this registration form in Diego Viera's mailbox in the coaches room. For more information, call 727-415-5043 or email [simplysoccer@tampabay.rr.com](mailto:simplysoccer@tampabay.rr.com).

KEEP THIS PORTION FOR YOUR INFORMATION

## Registration Form

Parent/Guardian Name: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Player 1 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Team: \_\_\_\_\_ Sex (circle): M F T-shirt Size: \_\_\_\_\_

Player 1 Will Attend (check):  Mon 11/23  Tue 11/24  Wed 11/25  All 3 Days

Player 1 Payment:  1 Day (\$25)  2 Days (\$50)  All 3 Days (\$75)

Player 2 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Team: \_\_\_\_\_ Sex (circle): M F T-shirt Size: \_\_\_\_\_

Player 2 Will Attend (check):  Mon 11/23  Tue 11/24  Wed 11/25  All 3 Days

Player 2 Payment:  1 Day (\$25)  2 Days (\$50)  All 3 Days (\$75)

Player 3 Name: \_\_\_\_\_ Age: \_\_\_\_\_ Team: \_\_\_\_\_ Sex (circle): M F T-shirt Size: \_\_\_\_\_

Player 3 Will Attend (check):  Mon 11/23  Tue 11/24  Wed 11/25  All 3 Days

Player 3 Payment:  1 Day (\$25)  2 Days (\$50)  All 3 Days (\$75)

Total Payment Enclosed: \_\_\_\_\_ (Make Check Payable to **High Definition Soccer**).

Phone numbers where parent/guardian can be reached during camp: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_

## Waiver/Medical Release

As the parent and/or legal guardian of \_\_\_\_\_, I hereby authorize the staff of High Definition Soccer and East Lake Soccer Association of Tarpon Springs, FL, to act for me according to their best judgment in any emergency requiring medical attention. I assume the risk of accident or injury from whatever cause in connection therewith, and release East Lake Soccer Association and their officers, agents, and employees from any and all liability for any such accident or injury. I understand that all rules and regulations for the club will be enforced.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

DATE RECEIVED: \_\_\_\_\_ CHECK #: \_\_\_\_\_ AMOUNT: \_\_\_\_\_