



Boys Soccer Clinic

Grades 1-6: Sunday, May 10, 2009, 12pm-4pm

Come learn and play with the Linn-Mar Mens Soccer team for the day!

Coach Brinkmeyer and Varsity Mens Soccer Team would like to invite all boys in grades 1-6 for a one-day clinic to learn, develop, or brush up on your soccer skills before this summer's season. The high school coaches and players will work first hand with participants on individual and team-related skills for the day. Our clinics are designed to help players develop necessary fundamental skills and apply them in game situations.

With your clinic fee of \$30, each player will receive a camp t-shirt and a group photo will be taken and published online at www.linnmarsoccer.com for families to later enjoy. The clinic will be held Excelsior Middle School Football Field & Track. Players should dress appropriately for the weather and have appropriate footwear for both outdoor and indoor use(should weather be a factor). Please indicate your interest on the form below, and send it in by April 10th, 2009, to the address below.

Each player should wear shinguards, preferably covered by soccer socks and bring their own appropriately sized ball. Water/Gatorade and a snack will be provided. Updates and information will be available on our website. The 2009 team poster and player autographs will be available following the clinic.

Regardless of your skill-level, all boys from area school districts are invited to attend.

cut here and return

Camp Application

Name _____

Grade _____

Parent(s) Name _____

Address _____

Home Phone _____

Cell Phone _____

Email (camp reminder) _____

*will be within a week of the clinic date

Emergency

Contact Name _____

Contact Phone _____

Medical

If your son has any medical illnesses, allergies, medications, or other concerns please list below.

T-shirt size: YS YM. YL YXL

 AS AM AL AXL

*go to <http://www.linnmarsoccer.com/clinicshirt.htm>

Outdoor Boys Soccer Clinic \$30

Please cut and send with payment **by April 10**

Linn-Mar Athletic Department
Linn-Mar High School
3111 N. 10th St.
Marion, Iowa 52302

My son is in good health and has my permission to participate in camp activities. I am aware of the risks involved with the camp and its related activities. In the event of an emergency, I hereby give permission to the physician/camp director the discretion to make medical decisions that he/she feel are in the best interest of my son.

Parent/Guardian Signature