

Flagler College 2017 Men's Soccer ID Camp

Hosted by Shamrock Soccer Camp and Flagler College Coach: John Lynch

Saturday April 22nd, 1 – 4 pm Cost is \$125 For boys over 15 years of age

Field location is: Flagler College Athletic Complex

1655 Old Moultrie Road, St. Augustine, FL 32086

You're invited to attend the 2017 Men's Soccer ID Camp presented by Shamrock Soccer Camps Director and Flagler College Head Coach, John Lynch. The Camp will provide players the opportunity to practice and compete with the camp being led by the Flagler College coaching staff and other college coaches are invited.

- *\$125 registration fee*
- *Pre-Registration is a must. Please email Coach Lynch or Coach Matt Andenora for more information, Mandenora@flagler.edu or lynchj@flagler.edu*
- *All campers receive a camp T-shirt*
- *Coaches from all surrounding Colleges and Universities are invited*
- www.shamrocksoccercamp.com
- www.flaglerathletics.com
- *If you cannot make this camp, please consider attending one of our residential camps*

Plan for the Camp

12:15 – 12:45 Check in

1 - 2 Warm up and small sided games

2 - 2:30 Shooting, speed testing

2:30 – 4 11 v 11

For more information please email Coach Andenora at mandenora@flagler.edu or Coach Lynch at lynchj@flagler.edu

Please mail Registration & Consent forms with a \$125.00 check made payable to:

Shamrock Soccer Camp, and return to

Men' Soccer Coach

Flagler College

PO Box 1025

St. Augustine, FL 32085

Shamrock Soccer Camp / Flagler College 2017 Men's Soccer ID Camp

Full Name: _____

Date of Birth _____ T-shirt size: XL L M S

Address: _____

City, State, Zip: _____

Home Phone No. _____

Cell No. _____

E-Mail Address: _____

Parents Names: _____

Academic Information

High School _____

City, State, _____

Expected Majors in College _____

I am a: Soph Jr Sr Grad Graduation Date _____

Best Score on SAT: M _____ V _____ ACT: _____ GPA _____

Athletic Information

Height _____ Weight _____ Dominant foot _____

Best Position _____ Other Position _____

Club Team _____ Club Coach _____

Club Coach Contact info _____

Parent or guardian consent form (must be signed)

In case of Injury to my child, I/We likewise waive the right to the extent not covered by liability insurance, any claim against persons working in the camp/Flagler College employees and its trustee's. I/We likewise hereby authorize any medical treatment which the directors of the camp deem necessary in any emergency situation. The camper is covered by insurance. I/We believe our child is physically fit to participate in this camp.

Insurance Company: _____

Policy Number: _____

Parent/Guardian Signature: _____