



NASHOBA GIRLS' SOCCER CLINIC



Dates: August 14, 15, & 16

Time: 9:00AM – 12:00PM

Location: Nashoba Regional HS (Grass Fields)

Girls Grades 1-7

The NGS youth clinic will emphasize player development in an environment that is challenging, rewarding, and fun! Come join the enthusiastic and experienced NGS players and let us enhance your soccer skills, improve your confidence, and renew your passion for the game! The curriculum will be structured and dynamic incorporating soccer fundamentals including ball control, footwork, dribbling, passing, receiving, and shooting. We will also expose players to attacking and defending principles.

Registration: Complete the form below and mail in with payment **OR** complete the online registration form at <https://forms.gle/dmCGGyKTVCaM4mQB9> (or Scan the QR code)

Cost: _____ 1 Day (\$40) _____ 2 Days (\$75) _____ 3 Days (\$100)

If registering for less than 3 days, please select the dates you will attend: 8/14 8/15 8/16

Check payable to Nashoba Athletic Booster Club (NABC). Send check and completed form to Nashoba Regional High School, c/o Athletics Department, 12 Green Rd., Bolton, MA 01740.



Camp Staff: Brian Davis (NRHS Girls' Varsity Soccer Coach) and NGS Players

Complete the section below and mail in with payment.

Name: _____ Grade in Fall 2023: _____

E-mail Address: _____

Parent/Guardian Name(s): _____

Address: _____ Phone: _____

City, State, Zip _____

T-Shirt Size (Youth Unisex Sizes): Small Medium Large Extra-Large

T-Shirt Size (Adult Unisex Sizes): Small Medium Large Extra-Large

In case of emergency, notify (name/#): _____

_____ (Name of participant) is physically fit to participate in the activities of the NGS Clinic. In the event of any medical emergency where representatives of the camp are unable to contact a parent or guardian of the above participant, I authorize the camp personnel to act in my child's best interest and render any necessary treatment, including hospitalization if necessary. I understand that the NGS Clinic does not provide medical insurance for participants. In consideration for the athlete's participation in and enjoyment of the NGS Clinic, instruction and facilities, I waive, release and forever discharge the camp, its coaches, directors, agents, promoters, and employees, Nashoba Regional HS and the town of Bolton, its officers, directors, agents, promoters, and employees from any responsibility from any and all liability, claim, loss, rights of action, or for accidents and medical or dental expenses present or future, anticipated or unanticipated, resulting from or arising out of or in incident to participation in this clinic. I waive and release *NGS Clinic* and the town of Bolton and Nashoba Regional HS from any responsibility for possessions lost or damaged by weather, water, fire, theft or personal negligence or any injury or illness incurred while at the clinic or traveling to and from any clinic activity.

Signature: _____ **Date:** _____