

Nashoba Girls Soccer Youth Clinic – August 21,22, 23 2017

Clinic Overview

The NGS youth Clinic is for girls in grades 1-8 and 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.

Special Features

Clinic T-Shirt

Individual Instruction

Excellent coach to athlete ratio

1, 2, or 3 day options



NGS Coordinators

Our Senior Class is a wonderful group of talented and motivated young women. With their leadership and guidance this year's youth clinic is sure to be a fun, exciting, and meaningful few days of soccer for your daughter. The seniors of the Nashoba Girls Soccer team, along with the other members of our program will plan three days full of high energy, tactical, and technical sessions catered to each age group.

What to Bring

Each player should bring the following:

- Own water (refills available)
- Snack
- Ball
- Shin guards
- Soccer socks
- Sneakers & Cleats

Participation Waiver

_____ (Name of Participant). The previously named participant has my permission to participate in the clinic program above. In case of emergency, I understand every attempt will be made to contact the emergency person(s) listed. If contact is unsuccessful, I give my permission to the tending personnel to render medical treatment to the participant, including (if necessary) hospitalization. I understand that the NGS Youth Soccer Clinic does not provide medical insurance for participants.

I waive and release NGS Youth 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

Photos taken at the clinic may be used in future promotional materials (no names will be used.)

Insurance Provider:

Policy Number: _____

Signature of Parent/Guardian

Print Name parent/guardian

Player Name: _____ Age: _____ Grade in Fall _____

Address: _____

Parent/Guardian Name(s) _____ Parent Contact # _____

Email: _____

Emergency Contact: _____ Emergency# _____

Medical Concerns/Allergies: _____

Sessions: August 21, 22, 23 – 2017. Sessions are 9:00 am – 12:00 pm @Nashoba

_____ 3 days (\$85.00) _____ 2 days (\$60.00) _____ 1 day (\$35.00)

T-Shirt Size: Youth Size _____ XS _____ S _____ M _____ L _____ XL

T-Shirt Size: Adult Size _____ S _____ M _____ L

Please Make Checks Payable to: **Nashoba Athletics Booster Club or NABC**

Please Mail Payment and Form To: **NGS Youth Clinic, 12 Green Road, Bolton, MA 01740**

For further information:

Please Call: 774-249-4361

Or email: rmoulton@nrsd.net