

# Marshall University

## *Advanced Player Mini Camp*

9/17 - 9/18

### Saturday

- 12:00 pm Registration
- 2:00 pm Session 1
- 5:00 pm Dinner
- 7:00 pm Session 2

### Sunday

- 10am Session 3

OPEN TO ALL GIRLS  
CURRENTLY ENROLLED IN  
HIGH-SCHOOL

\$125

**For questions please contact:**

Kevin Long [longke@marshall.edu](mailto:longke@marshall.edu)  
(304-696-6388 )

Scott Letts [Letts1@marshall.edu](mailto:Letts1@marshall.edu)  
(304-638-5611)

\*Contact Coaches for overnight  
accommodations

Players Name: \_\_\_\_\_ Parents Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parents Cell #: \_\_\_\_\_

Players Cell #: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_ HS Grad Yr. \_\_\_\_\_

E-Mail: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Position: \_\_\_\_\_

Amount Enclosed: \_\_\_\_\_

Checks made out to Marshall Women's Soccer

In consideration of my child's application being accepted, I intending to be legally bound, do hereby myself waive release and forever discharge any and all rights and claims for damages, which my child may have or which may hereafter accrue to them against Marshall Soccer-School, or any of its representatives, which may be sustained or suffered by them in conjunction with their participation from this camp. I understand that all applicants must have their own medical coverage, and that the Marshall Women's Soccer-School does not assume responsibility for accidents, or other expenses, incurred as the result of any normal course of instruction given to the applicant by camp staff.

I have read and understand the above.

Parent Signature Required: \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Health Insurance Policy #: \_\_\_\_\_

Medical

Conditions: \_\_\_\_\_