

**Michigan State Soccer Clinic
Medical Authorization Form**

Name: _____

Clinic Number: 1. ___ 2. ___ 3. ___ All ___

Medical conditions that staff should be aware of:

Current Medications:

Allergies:

In case of emergency, contact:

Daytime Phone: _____

Nighttime Phone: _____

Medical Insurance Company: _____

Insurance Phone: _____

Policy Numbers: _____

I, _____ as a parent/guardian of the above participant, authorize MSU to seek reasonable medical and/or surgical treatment to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

Michigan State Soccer Office
404 Jenison Field House
East Lansing, MI 48824

Michigan State Youth Soccer Winter Clinic



Clinic #1: Sunday, Jan. 20, 2008

Clinic #2: Sunday, Feb. 17, 2008

Clinic #3: Sunday, March 9, 2008

A series of high-performance clinics for youth soccer players ages 8-17 at Michigan State's Duffy Daugherty Building.

Michigan State Soccer Clinics are designed to provide youth players with an outstanding soccer learning experience during the winter months. Individuals can enroll in any single session or multiple sessions at a discounted rate. The sessions feature training in all aspects of soccer, from individual through small and large group techniques and tactics. The clinics are designed so the player can benefit from attending any or all of the three sessions.

LOCATION:

All sessions held at the *DUFFY DAUGHERTY INDOOR FOOTBALL FACILITY* on the Michigan State campus. The facility features the Astro play, grass-like surface covering a full size field with four full size goals.

DIRECTIONS TO DUFFY:

I-96 towards Lansing:

I-96 to 127 North to Trowbridge Rd. Exit.
(Entering MSU Campus)
Turn LEFT onto Harrison Rd.
Turn RIGHT onto Shaw Lane
Park in Football Stadium Parking Lot
Duffy is located across the street adjacent
the Clara Bell Smith Academic Center.

I-69 towards Lansing:

I-69 to US-127 South to Trowbridge Rd. Exit.
Follow directions above once on campus.

COST (per player)

\$40 for one session
\$75 for two sessions
\$100 for **ALL** sessions

All camp proceeds will go directly to the MSU men's and women's soccer programs.

CLINIC STAFF:



JOE BAUM

MSU MEN'S SOCCER HEAD COACH

- 2-time Big Ten men's soccer coach of the year
- 307 career wins at MSU
- Over 30 years experience as soccer clinician



TOM SAXTON

MSU WOMEN'S SOCCER HEAD COACH

- 2-time Big Ten women's coach of the year
- 165 career wins at MSU
- Over 27 years experience as soccer clinician



DAMON RENSING

MEN'S SOCCER ASSOCIATE HEAD COACH

- Former All-Big Ten player at MSU
- Over 12 years experience as soccer clinician



TAMMY FARNUM

WOMEN'S SOCCER ASSOCIATE HEAD COACH

- Former MSU player and ODP championship coach
- Over 18 years experience as soccer clinician



JOHN MCELROY

MEN'S SOCCER ASSISTANT COACH

- MSU men's goalkeeper coach
- Over 12 years experience as soccer clinician



STACY HELLER

WOMEN'S SOCCER ASSISTANT COACH

- Former All-Big Ten goalkeeper at MSU
- Over 8 years experience as soccer clinician

*** Staff will also include MSU players and other local high school and college coaches.*

GOALKEEPER PROGRAM:

A specialized goalkeeper program will be held during each clinic featuring technical and tactical instruction in all aspects of goalkeeping.

NOTE: There will be individual goalkeeper training at each session.

Clinic #1: Sunday, Jan. 20, 2008

Topic: Individual Technique & Tactics

Ages 8-11: 9:30 a.m. - noon

Ages 12-18: 12:30 p.m.-3 p.m.

Clinic #2: Sunday, Feb. 17, 2008

Topic: Small Group Technique & Tactics

Ages 8-11: 9:30 a.m. - noon

Ages 12-18: 12:30 p.m.-3 p.m.

Clinic #3: Sunday, March 9, 2008

Topic: Large Group Technique & Tactics

Ages 8-11: 9:30 a.m. - noon

Ages 12-18: 12:30 p.m.-3 p.m.

REGISTRATION FORM

Name: _____

Address: _____

Email: _____

Phone: _____

Goalkeeper: ____ Yes ____ No

Age: ____

Please indicated which sessions you will attend.

ALL SESSIONS **\$100**

ANY TWO **\$75**

ANY ONE **\$40**

TOTAL AMOUNT ENCLOSED \$_____

Make checks payable to Michigan State University

FOR MORE INFORMATION:

Phone: (517) 432-0409 or (517) 432-1887

Email: Tammy Farnum at ander505@ath.msu.edu

Please complete medical information on back.
Confirmation email will be sent once forms are completed and received.