



Go Sports Life ITD Camp Registration Form



Go Sports Life ITD Clinic *Individual Technical Development*

Session I Clinic 10 Dates

December 4, 11, 18
January 8, 15, 22, 29
February 5, 18, 26,

Session II Clinic 5 Dates

March 4, 11, 18, 25
April 1

Location: Princeton Health and Fitness Club

Times

6:00-7:30pm 5th-8th Grade
7:30-9:00pm 9th-12th Grade

Cost:

Both Sessions (15 Dates) \$225

Session I only: \$165

Session II only: \$100

*Monthly payment plans are available. Contact Andy Kaasa

Camp Focus:

Each session will begin with Speed and Agility training and focus on Dynamic Attacking.

Dynamic Attacking Topics will include:

- Footskills
- Juggling
- Passing and Receiving
- Small Group Attacking

****Campers will Receive A ITD Clinic Training Shirt and a Skillzys® Bag Tagz**

For More Info you can contact Andy Kaasa at akaasa@mnhunderacademy.org

**Deadline to apply is November 15th
*This camp will fill on a first come
first serve basis*

Go Sports Life ITD Camp Registration Form

Registering For (Circle One) Both Sessions Session I Only Session II Only

Player's Name _____ DOB _____ Age _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Phone (H) _____
Phone (W) _____

Mother's Name _____ Phone (H) _____
Phone (W) _____

Email Address: _____

This is how we communicate to the camp

Allergies/Other Medical Conditions _____

Medical Insurance Co _____ Phone _____

Policy Holder _____ Policy Number _____

Player's Physician _____ Phone Number _____

Parental/Guardian Agreement

I, the parent/guardian of the above named player, a minor, agree to abide by the rules of Go Sports Life and all other affiliated organizations. Recognizing the possibility to physical injury associated with soccer/athlete training and in consideration for Go Sports Life and its affiliates accepting the player for its soccer/athletic camps, I hereby release, discharge, and/or otherwise indemnify Go Sports Life and all other affiliated organizations, their employees and other associated personnel, against any claim by or on behalf of the registrant as a result of the registrants participation in the program and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Legal Guardian (Please Print) _____

Signature _____ Date _____

Consent for Medical Treatment

As the parent/legal guardian of a participant in Go Sports Life ITD Camp, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature _____ Date _____

A \$50 non-refundable deposit or full payment is required with registration

Make checks payable to Go Sports Life

Andy Kaasa

1490 County Rd E East

Vadnais Heights, MN 55110