

# Next Generation Soccer Camps Winter Futsal Clinic



**Trainer:** Mark Maka, Chatham High School Varsity Boys Soccer Coach

**When:** 8 Sessions: 2/5, 2/6, 2/12, 2/14, 2/19, 2/21, 2/27, 2/28

**Who:** Students enrolled in Middle School

**Time:** 4:00pm-5:00pm

**Where:** Chatham Middle School Gym

**Cost:** \$225

**Registration: Space is limited.** Please email [nextgenerationsoccercamps@gmail.com](mailto:nextgenerationsoccercamps@gmail.com) to reserve your spot ASAP and return the form below along with full payment to:

**Next Generation Soccer Camps, LLC**

**156 Park Avenue**

**P.O. Box 304**

**Rutherford, NJ 07070**

Please make checks out to **Next Generation Soccer Camps, LLC.**

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## Medical and Liability Release Form

Player's name: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Emergency Phone Number: \_\_\_\_\_

Physician's Name: \_\_\_\_\_

Allergies: \_\_\_\_\_

Please list any other important medical information:

\_\_\_\_\_  
\_\_\_\_\_  
I, the parent/guardian of \_\_\_\_\_, understand the risk involved participating in strenuous activity like soccer and certify that my child is in excellent health. I hereby grant permission for my child to participate in the Next Generation Soccer Camps, LLC. I acknowledge the possibility of injuries occurring from participation in camp activities. I agree to waive claims for damages and/or bills incurred because of accidents or injuries to my child as a result of their participation in camp activities. I hereby waive, release, and hold harmless all employees and representatives of Next Generation Soccer Camps, LLC from all liability for any injuries and illnesses suffered while participating in Next Generation Soccer Camps, LLC. It is also understood that Next Generation Soccer Camps, LLC will not be responsible for any lost, damaged, or stolen property.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_