



"HOLIDAY FUNDAMENTAL CLINICS"

DECEMBER 28th 29th & 30th at PLEX SOUTH

TIME: 9AM-2PM

AGES: 6-14 BOYS AND GIRLS

*****Register for 1,2, or all 3 Days*****

COST: \$25 PER DAY

SPECIAL: \$70 (FOR ALL 3 DAYS*)

*****With 3-day enrollment participants receive a Beasley Camp T-shirt**

***All Campers must bring a lunch and their own soccer ball**

**REGISTER ONLINE
WWW.BEASLEYNATIONALSOCBERSCHOOL.COM**

What Makes This a Unique Experience?

BEASLEY S T A F F-The Beasley coaching staff is a combination of licensed coaches, professional players, and high level college players all certified under the DaMarcus Beasley Program.

CLINIC PROGRAM

Dec 28- Capture the ball, Fast Footwork, Knockout Tourney, 1v1, Juggling Contest, Shooting

Dec 29-Capture the ball, Fast Footwork, Passing, Passing tourney, Combination Play, 2v2 Micro tourney

Dec 30-Capture the ball, Fast Footwork, Shooting Games, Street Soccer 3v3 Tourney, 6v6 Tourney

The last part of every day, clinic participants will play in the Beasley "World Cup games"

SEND COMPLETED FORM AND PAYMENT TO:

Beez Enterprise LLC P.O.Box 5759, Fort Wayne IN 46895

Please check 1, 2, or all 3 days

\$25 per day or \$70 if you register for all 3!

DECEMBER 28 _____

DECEMBER 29 _____

DECEMBER 30 _____

CAMPER NAME: _____

DOB: / / AGE: _____

ADDRESS: _____

CITY: STATE: ZIP: _____ HOME PHONE: _____

CELL PHONE: _____ DAYTIME PHONE: _____

E-MAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____

T-SHIRT SIZE:(Please circle) YOUTH M L ADULT S M L XL

PLEASE CHECK THE FOLLOWING: _____ I grant permission to the director(s), assistants or other persons responsible for the participant's care to act on my behalf for said minor in granting permission for evaluation and treatment of medical problems. I understand that should a major medical problem arise, an attempt will be made to notify me by telephone. In the event that I cannot be reached, I hereby give my consent to such treatment as deemed necessary. The staff will continue trying to reach the parent(s) or guardian responsible. I fully realize that injury or illness to my child could result from or during participation in the camp. I will assume responsibility for any medical bills incurred by my child at the local hospital or local clinic. I further acknowledge that the Beasley National Soccer School its owners, staff, facilities, and anyone associated with the camp will not be liable for any damage from injuries or illness sustained at the camp.

Signed: _____

Date: _____



