



URSULINE COLLEGE

HS Preseason Goalkeeping Camp



- Date:** July 23rd and 24th, 2016 (Saturday and Sunday)
- Time:** 9:30 AM to 1:00 PM
- Coach:** Jason Kubbins - *Head Coach*, Ursuline College
- NSCAA Goalkeeping Education Staff
 - NSCAA National Goalkeeping Diploma
 - NSCAA Premier Diploma
 - USSF National C License
 - 2014 G-MAC Regular Season and Tournament Champions
 - 2014 G-MAC Co-Coach of the Year
- Applicants:** High school age goalkeepers 14-18
- Location:** Ursuline College Soccer Field
2550 Lander Road
Pepper Pike, Ohio 44124
- Contact Info:** Jason Kubbins at 440-684-6095 or jkubbins@ursuline.edu
- Cost:** \$135 - Check payable to Ursuline College
- Equipment:** Please bring a ball, cleats and water bottle.
Camp will be outside on natural grass fields

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High School Goalkeeping Camp Registration Form

Name: _____ Parent(s) Name: _____

Phone: _____ Email: _____

Address: _____

Years of Goalkeeping Experience _____

Grade entering in Fall 2016: _____ D.O.B: _____

High School: _____

Club Experience: _____

Please circle which T-Shirt size you would

like: S M L XL

Please make checks payable to Ursuline College. Send the completed registration form and check to: Jason Kubbins
2550 Lander Road
Pepper Pike, OH 44124

MEDICAL AUTHORIZATION FORM

I, the undersigned parent(s) and/or legal guardian(s) of _____ do hereby agree that she/he may participate in the Ursuline College Elite Goalkeeping Camp.

In consideration that she/he has been accepted by the Ursuline College Elite Goalkeeping Camp for instructions, we do further agree for and on behalf of her and for ourselves individually that we will assume all risks associated with any portion of the camp including traveling to and participating in activities while on campus. In cooperation with such course of instruction we will bind Ursuline College and the enacting staff harmless

against all claims for damage to person or property while traveling or participating in this activity on campus.

Signature: _____

Insurance Company: _____ Policy/Group Number: _____

Emergency Contact: _____

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