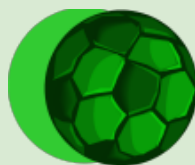




-Future Falcons FREE Summer Soccer Clinic



Details: Saint Joseph Head Varsity Soccer Coach, Sam Roca, and the rest of the Saint Joseph Soccer Coaching Staff would like to invite **ALL** boys and girls soccer players to participate in a **FREE** soccer clinic. You will get to meet the coaches, players, learn some new skills, and have fun while doing it!

Where: Saint Joseph High School (Metuchen) - 145 Plainfield Ave. Metuchen , NJ 08840-GRASS JV soccer fields. (Behind School)

When: Three Dates * Please let us know which dates your son/ daughter will be attending.

- Monday Night, May 20th 2024- 6:00pm-7:30pm (GRASS) Yes_____ / No _____
- Monday Night, June 3rd 2024 - 6:00pm-7:30pm (GRASS) Yes_____ / No _____
- Friday Night, June 7th 2024 - 6:00pm-7:30pm (GRASS) Yes_____ / No _____

Participants: ALL BOYS and GIRLS ages 5-14- all levels welcome

***If you plan on attending please fill out the google form or email the SIGNED WAIVER FORM and CONTACT INFO to Assistant Varsity Coach, Charles Neri , via email at cneri@stjoes.org so we can have a proper head count for the sessions.. Thank you and hope to see you there!

-Future Falcons Summer Soccer Clinic -Waiver

WAIVER/RELEASE : INCLUDING COMMUNICABLE DISEASES* COVID-19

I understand that participation in the Future Falcons Summer Soccer Clinic ,which is sponsored by the Saint Joseph Boys Soccer Program, involves a certain degree of risk that could result in injury, sickness, or damage to person or property. After carefully considering the risk involved, I hereby release, hold-harmless and waive all claims associated with this activity which I may have against the Saint Joseph High School, Saint Joseph Boys Soccer Program, Future Falcons Soccer Clinic Staff, Partners in Mission and any organizations /agents /volunteers associated with this program. Further I agree to abide by all the rules and regulations associated with the Future Falcons Soccer Clinics, CDC, and NJ.Gov.

Player Name (Print) :

Player Age :

Parent's Name (Print) :

Parent's Signature :

Date:

Parent/ Guardian Email :

Parent/ Guardian Cell # :