



Watertown, SD Soccer Skills Clinic

1) Description/Camp Details:

- a. This camp is designed to benefit athletes' long term development and focuses on Individual Skill Development and Conditioning
- b. This camp will focus on one-on-one attention to the specific mechanics of each individual camper including: DRIBBLING, SHOOTING, PASSING, SPRINTING, AND QUICKNESS/AGILITY. These skills will be mastered before applying them in game-type situations.
- c. Campers will receive focused, small group attention from high level instructors as well as VIDEO ANALYSIS of shooting & sprinting mechanics

2) Dates: June 7th-10th, July 5th-8th, & July 26th-29th

3) Instructors: Jason Carter, CSCS, and other Dash Sports Trainers, all of whom have backgrounds in exercise science and soccer playing/coaching experience

4) Location: Anza Soccer Complex, Watertown, South Dakota

5) Times/Ages: This camp is for ages: U10, U12, U14, U16/U19

a. Daily Times: (below are the times for each day of camp)

- i. U10: 9:00 to 10:30
- ii. U12: 10:30 to 12:00
- iii. U14: 1:00 to 2:30
- iv. U16 & U19: 2:30 to 4:00

6) Cost: \$165 for full camp, or \$15 per day for part-time campers

7) What to bring: Soccer cleats and gear, your own soccer ball, water to drink and a learning and open attitude geared toward improving!

To register for this camp, please fill out the Registration & Waiver form and either mail with a check, or purchase online and bring the waiver/registration the 1st day of camp.

Mail To: Dash Sports 1401 5th Ave. N. Fargo, ND 58102

Questions? Contact Jason Carter

701-306-8851 jason@dashsportsfm.com



Registration, Waiver, & Release of Liability

Today's Date _____ Athlete's/Participant's Name _____

Date of Birth _____ Current Age _____ Current Grade (or last grade completed if summer time) _____

Dates you will be attending camp and total \$ enclosed: _____

Both Parent's/Guardian's Names _____

Home Phone # _____ Athlete's Cell # _____ Parent's Cell #'s _____

Home Address: _____

City _____ State _____ Zip Code _____

E-mail Address(s) _____

School _____ Emergency Contact _____

Does the Athlete have any medical conditions, injuries, or anything that may possibly be affected by participating in this training program? YES NO (circle one) If YES, EXPLAIN below:

Dash Sports Inc. participants assume all risk of personal injury, death, property loss, or other damages that may relate to attending or participating in any of Dash Sports Inc. programs, activities, or special events. By assuming those risks you and your guests waive, and release, all claims you or your guests may have or may want to assert against Dash Sports Inc., its trainers, Jason Carter, Josh Oien, officers, directors, managers, employees, agents, and representatives for any such personal injuries, death, property loss, or other damages connected to or arising out of any of the aforesaid risks. You and your guests release Dash Sports Inc. from all claims, damages, demands, rights of action, causes of action, and liabilities, present or future, known or unknown, anticipated or unanticipated, resulting from or arising out of the visitor's and its guests' attendance at our use of our facility or their participation in any of our activities, programs, or special events, including, without limitation, those arising from our negligence or that of any other member of Dash Sports Inc. You and your guests also release all members of Dash Sports Inc. from all liability relating to loss, theft, or damage to personal property. By signing this form, you represent that the visitor is physically fit to engage in the activities in which he or she participates in the physical or skills training. You are solely responsible for all health risks associated with those activities. By signing this document, I declare that I have no known medical problems that would preclude my participation in the programs, and the information provided to Dash Sports Inc. regarding my medical history and physical condition is, to the best of my knowledge, true and correct. My participation in the Dash Sports Inc. program is voluntary and I assume all risk of injury or contraction of any illness or medical condition that may result, or the aggravation of any pre-existing medical condition I may have, or any damage, loss or theft of any personal property resulting or arising out of my participation in the program. I understand and acknowledge that Dash Sports Inc. has no expertise in diagnosing, examining or treating any medical condition, whether existing or incurred as a result of my participation in the Dash Sports Inc. program. I understand and acknowledge that Dash Sports Inc. has made no guaranty of success or improvement as a result of my participation in the program.

I HAVE CAREFULLY READ THIS WAIVER AND RELEASE AND FULLY UNDERSTAND THAT IT IS A COMPLETE RELEASE OF LIABILITY. THAT I HEREBY WAIVE ANY RIGHT THAT I MAY NOW HAVE OR WILL HAVE TO BRING ANY LEGAL ACTION AGAINST DASH SPORTS INC., ITS EMPLOYEES, AGENTS, SUCCESSORS OR ASSIGNS, FOR ANY LIABILITIES THAT MAY RESULT, WHETHER DIRECTLY OR INDIRECTLY, FROM DASH SPORTS INC. NEGLIGENCE. BY SIGNING BELOW, I ACKNOWLEDGE THAT I HAVE CAREFULLY READ AND FULL UNDERSTAND THIS RELEASE.

Parent/Guardian Printed Name _____

(if athlete is under 18yrs of age)

Parent/Guardian Signature _____ Date _____

(if athlete is under 18yrs of age)

Relationship to Athlete _____

(if not parent)



Dash Sports Inc. 1401 5th Ave. N. Fargo, ND 58102