



2155 Creve Coeur Mill Rd
 St Louis, MO 63146
 www.loufuszsoccer.com

Check Website For Summer
 Full Day and Half Day Camps

Year Round Programs

Marty Pike, Program Director
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 martypike@loufuszsoccer.com

2017 Summer Soccer Mini-Camps

Queen of All Saints Parish Camp

Founded in 1993, the Lou Fusz Soccer Club is widely regarded as one of the top soccer programs in the Midwest.

These **2 hour mini-camps run for 4 days** and are packed with fun!

Our advanced soccer training methods include individual technique training, i.e. passing, dribbling, receiving and shooting; plus group tactics using small-sided games. Our excellent staff of coaches to player ratio is approx. 1:10. All Lou Fusz Soccer Club Camps are **open to the public.**

Program	Session Dates/Times	Age/Gender	Cost	Location
#4 Queen of All Saints Parish Camp	July 24-27 6:00-8:00PM	Boys & Girls Ages 5-14	\$80 per player	QAS Parish Fields 6603 Christopher Dr Oakville, MO 63129

\$80 per player, per program

Online application available at www.loufuszsoccer.com
 with convenient and secure online credit card payment,
 or by check.

The Lou Fusz Soccer Club, a non-profit organization, is independent of and not affiliated with any school district. The views, opinions and programs of the Lou Fusz Soccer Club therefore do not necessarily represent those of any school district.



See all the Summer Mini-Camps at
www.loufuszsoccer.com



Application on Reverse Side



2017 Summer Soccer Mini-Camps

Player's Name			
Date of Birth	Age	Gender	
Street Address			
City, State, ZIP			
Home Phone #	Email		
Mother's Name	Father's Name		
Mother's Cell #	Father's Cell #		
Program	<input type="checkbox"/> #1 – O'Fallon, MO Camp (June 19-22) <input type="checkbox"/> #7 – West Co.-St Clare Assisi Camp <input type="checkbox"/> #2 – O'Fallon, MO Camp (July 17-20) <input type="checkbox"/> #8 – West Co.–Holy Infant Camp <input type="checkbox"/> #3 – Jefferson Co Camp <input type="checkbox"/> #9 – West Co.–St Gerard Majella Camp <input type="checkbox"/> #4 – South Co.-Queen of All Saints Camp <input type="checkbox"/> #10 – Eureka/Wildwood Camp <input type="checkbox"/> #5 – South Co.-Oakville Camp <input type="checkbox"/> #11 – Ladue–Conway Elementary Camp <input type="checkbox"/> #6 – Webster Groves-Mary Queen of Peace Camp		

All camps are open to the public.

\$80 per player, per program

Please make checks payable to:

Lou Fusz Soccer Club

Or pay securely online, see website

Send application and payment to:

Lou Fusz Soccer Club

Attn: Summer Mini-Camps 2017

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St. Louis, MO 63146

PARTICIPATION WAIVER

I, the undersigned, am the parent or legal guardian of the above-named player, who is under the age of 21 years, and I do hereby consent to the player's participation in the sport of soccer as a player with Lou Fusz Soccer Club Development Academy (hereinafter referred to as LFSC), and such participation includes but is not limited to all practice sessions, scrimmages and games. Additionally, I do hereby release and forever discharge said LFSC from any and all liability whatsoever and from any claim or any action or any claim for relief which may be asserted against said LFSC or against any individual who is a member of said LFSC including players as well as adults, by reason of any injury said player may receive or incur while participating in the sport of soccer and said soccer-related activities as set forth above or in the transportation of said player to or from any game or soccer-related activity. Additionally, I hereby authorize LFSC personnel to seek emergency medical and/or dental treatment for said player by a doctor of medicine or by a doctor of dentistry, so long as they are licensed to practice by any state of the United States, or to seek said treatment by any qualified paramedic or nurse. I agree to pay for said medical and/or dental treatment to the extent that any medical or dental insurance that may cover said player is insufficient. Finally, I represent to LFSC that I have, personal medical health insurance that will provide coverage for said player in case any accident or injury should occur relative to any practice, any game or any soccer-related activity. I further understand that having such medical health insurance is an express condition to said player's participation with LFSC and that the policy is in force and that such policy shall remain in force while said player is a member of any LFSC activity, or said policy shall be substituted for by another policy. I further agree to inform LFSC of any changes to the above facts and information as quickly as possible.

I hereby acknowledge that it is my sole obligation to pay whatever expenses may be incurred relative to medical and/or dental treatment for said player to the extent that said family or personal medical insurance is not sufficient.

I hereby acknowledge that I have read all of the foregoing information and that I understand such information and I hereby acknowledge my consent to said player's participation relative to all foregoing statements, representations and conditions.

Parent/Guardian Printed Name: _____

Parent/Guardian Signature: _____
(required)

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