



925 North Lindbergh
 St. Louis, MO 63141
 www.loufuszsoccer.com

Check Website For **Summer
 Full Day and Half Day Camps**



Year Round Programs

*Convenient Locations in
 the Entire Metropolitan Region*

Marty Pike, Program Director
 OFFICE 314-628-9341
 CELL 314-393-1164
 martypike@loufuszsoccer.com

2016 Summer Soccer Mini-Camps ***Queen of All Saints Parish Camp***

Program Director: Marty Pike

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 25-28 6:00-8:00PM	Boys or Girls Ages 5-14	\$80 per player	QAS Parish Fields 6603 Christopher Dr Oakville, MO 63129

Cost: \$80 per player, per program

Online application available at WWW.LOUFUSZSOCCER.COM
 with convenient and secure online credit card payment
 via PayPal, 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



2016 Summer Soccer Mini-Camps

PLAYER REGISTRATION FORM

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 20-23) <input type="checkbox"/> #7 – St Clare Assisi Parish Camp <input type="checkbox"/> #2 – O'Fallon, MO Camp (July 5-8) <input type="checkbox"/> #8 – Holy Infant Parish Camp <input type="checkbox"/> #3 – Jefferson County Camp <input type="checkbox"/> #9 – St Gerard Majella Parish Camp <input type="checkbox"/> #4 – Queen of All Saints Parish Soccer Camp <input type="checkbox"/> #10 – Eureka Soccer Camp <input type="checkbox"/> #5 – St. Margaret Mary Alacoque Parish Camp <input type="checkbox"/> #11 – Ladue Area Camp <input type="checkbox"/> #6 – Mary Queen of Peace Parish Camp <input type="checkbox"/> #12 – University City Camp				

All camps are open to the public.

Please make checks payable to:
Lou Fusz Soccer Club

Send application and payment to:

Lou Fusz Soccer Club
Attn: Summer Mini-Camps 2016
10950 Page Ave
St. Louis, MO 63132

- Cost: \$80 per player, per program
- Group discounts available!

...or pay securely online via PayPal, see website for details

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) _____