



COACH NACARLO SPRING SOCCER CLINIC

Coach Nacarlo finished his 14th season as Head Coach of the Holmdel High School boy's soccer team this past fall. In 2010 he was named Monmouth, All-Shore and Central Jersey Coach of the Year after leading the Hornets to the school's first-ever State Championship. In 2011 he was named All-Shore and State Coach of the Year after leading the Hornets back to the State Finals. Each group will have 7 sessions, which will focus on skills for the basic, intermediate, and advanced soccer player.

AGES/DAYS **Please circle grade level and one day:**

Kindergarten – 1st Grade
2nd Grade – 3rd Grade

Mondays or Tuesdays
Thursdays

Child's Bus _____ **Child's Teacher** _____

DATES: Monday; April 3rd, 17th, 24th, May 1st, 8th, 15th, 22nd
 Tuesday; April 4th, 18th, May 2nd, 9th, 16th, 23rd, 30th
 Thursday; April 6th, 20th, May 4th, 11th, 18th, 25th, June 1st

TIME: 3:30 PM – 5:00 PM

LOCATION: Village School, Holmdel NJ

PRICE: \$115

INFO PHONE: (908) 309-7808 **WEB:** www.holmdelfc.org **Twitter:** @HFC_NJX

Please mail checks payable to: "Holmdel FC", 11 Maple Leaf Drive, Holmdel, N.J. 07733

NAME _____ GRADE _____ AGE _____
ADDRESS _____ CITY _____ ZIP _____
PHONE _____ Email _____
EMERGENCY CONTACT: _____ PHONE _____
ANY PRE-EXISTING MEDICAL ISSUES WITH YOUR CHILD? _____

I hereby agree to let my child to participate in the sport of soccer. I understand there are certain risks of injury inherent in the practice and play of this sport as well as traveling and other related activities incidental to my participation and I am willing to assume these risks. I hereby certify that my child is fully capable of participating in the sport of soccer and he/she is healthy and has no physical or mental disabilities or infirmities that would restrict full participation in this activity. In addition, to giving my full consent for my child's participation, I do hereby waive, release, and hold harmless the camp staff, Holmdel FC, their officers, coaches, sponsors, supervisors, and representatives for any injury that may be suffered by my child in the normal course of participation in the sport of soccer and the activities incidental thereto, whether the result of negligence or any other cause. I grant permission for my child to receive emergency medical treatment. I understand that the staff will not perform invasive procedures of any kind nor be responsible for the disbursement of medications.

Legal Guardian Signature _____ Date _____