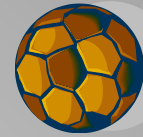


# Lakeland Soccer Summer Training Academy

Presented by Joshua Kaiel and Ben Cater



- **Dates: Tuesdays and Thursdays**
- **June 21st– July 28<sup>th</sup>**
- **Times: 6:00 - 8:00pm Every Tuesday and Thursday**
- **Field: Hico Field (across from Lakeland High School)**
- **Ages: Boys and Girls ages 11-17 Training Shirt Provided**
- **Cost: \$130.00. (Can make 2 separate payments of \$65.00)**
- **Remember to bring a soccer ball and water!**
- **Curriculum designed to improve player skills and technical development!**
- **Developing foot skills, passing, shooting, and possession of the ball!**
- **Tactical and technical development of the player!**
- **Coaching Staff includes Gonzaga University Soccer Alum!**

Call: 509 624-1408 or email [kaielj@hotmail.com](mailto:kaielj@hotmail.com) Mail completed application form and check payable to: Lakeland Soccer Club PO Box 308 Rathdrum, ID 83858

Application Form: Lakeland Soccer Summer Training Academy

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Medical Release Form: I \_\_\_\_\_ as the responsible party or legal guardian of \_\_\_\_\_ give permission for emergency medical treatment for any injury or accident that may occur from participation in the Lakeland Soccer Club Skills Camp.

Allergies or special conditions: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical Insurance Provider: \_\_\_\_\_ ID/Group# \_\_\_\_\_

On behalf of myself, and my child or ward, ("Applicant") and on behalf of our representative heirs, and personal representatives, I hereby release, waive, and forever discharge Joshua Kaiel and Lakeland Soccer Club, employees, directors, agents, officials, and volunteers, ("the releases") from and against any and all liabilities, claims, demands, actions, causes of action, damages, costs or expenses for personal injury (including without limitation) bodily injury and/or death and/or property damage which I or the applicant may sustain and which are or may be caused by the act of omissions of the applicant, his fellow players, or any of the Releasees except where the Releasee's act or omission by the negligent or intentional act of the applicant while participation in any Joshua Kaiel/Lakeland Soccer Club Skills Camp activities. I understand that the failure to participate in any of the listed camps will not constitute grounds for a refund of registration fees.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_