

# 2009 Winter Technical Sessions

## @ Iron Lakes Sports Club



*Hosted by...*

- **Boys & Girls ages 11, 12, & 13 years**
- January 3<sup>rd</sup>, 10<sup>th</sup>, 24<sup>th</sup>, 31<sup>st</sup> & February 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup>, 28<sup>th</sup> (8 WEEKS!!!)
  - March 7<sup>th</sup> (make-up day, if needed)
    - **9am to 10am**
    - \$130 per player
  - FC Lehigh Travel Player \$105

Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Current Soccer Club \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
Zip Code \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
Emergency Phone # \_\_\_\_\_ Emergency Contact \_\_\_\_\_

Parents must sign below prior to child's participation in the 2008 FC Lehigh Summer Academy.

I hereby certify that the applicant is in good physical condition to participate in the 2008 FC Lehigh Summer Academy. If medical assistance is required for illness or injury while attending the Academy, I give permission for such care and I certify that the applicant is covered by our family medical insurance. FC Lehigh Staff are not responsible for and will not provide payment of any medical, dental, hospital, transportation, or laboratory, fees due to injury incurred while participating in the 2008 FC Lehigh Summer Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Name of Medical Insurance Co. \_\_\_\_\_ Policy No. \_\_\_\_\_

Medical Needs (please list...)



[www.fclehigh.com](http://www.fclehigh.com)



**Please complete form and send with payment to:**

FC Lehigh  
PMB # 270 3140B Tilghman Street Allentown, PA 18104