



# Case Elite Girls Soccer Camp

## Technical Development • Tactical Development • Fitness Training

*When:* June 22-25, 2009; 6:00 p.m. - 8:30 p.m.

*Who:* Girls entering grades 10-12 and considering playing at the college level

*Where:* Case Soccer Field (FieldTurf)

*Cost:* \$65 if postmarked before May 15  
\$80 if postmarked after May 15

*Space is limited – Register early!!!!*

### CAMP COACHES

**Tiff Crooks, Head Women's Soccer Coach, Case Western Reserve University**  
Former Assistant at Xavier University and College of Wooster  
Former Academic All-American at Ashland University

**Irenna Taylor, Assistant Women's Soccer Coach, Case Western Reserve University**  
Former Head Coach at Ursuline College and Assistant at Myers College  
Former player at Ashland University

**QUESTIONS???** Call Case Women's Soccer Office at 216-368-2192



Due to limited space...Refunds will be available for medical reasons only

Make checks payable to: Spartan Soccer Camp

Mail to: Tiffany Crooks  
10900 Euclid Ave  
Cleveland, OH 44106-7223

\*\*\*\*Enclose This Form with Payment\*\*\*\*

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Mail Form and Check to:  
Tiffany Crooks  
10900 Euclid Ave  
Cleveland, OH 44106-7223

Camper Name: \_\_\_\_\_

Grade Entering in fall: \_\_\_\_\_

T-Shirt Size (Men's):    S        M        L        XL

High School: \_\_\_\_\_

Club Team: \_\_\_\_\_

Positions Played: \_\_\_\_\_

Home Address (include city, state, and zip):

\_\_\_\_\_  
\_\_\_\_\_

Mothers Name: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Phone Number 1: \_\_\_\_\_

Phone Number 2: \_\_\_\_\_

Additional Contact: \_\_\_\_\_

Email Address: \_\_\_\_\_

Comments or additional information:

\_\_\_\_\_  
\_\_\_\_\_

### Medical Waiver

I, the undersigned parent (guardian), do hereby authorize the athletic trainer or his/her designate at Case Western Reserve University to secure any and all necessary medical treatment. I understand that an attempt will be made to contact the parent before treatment is initiated. If I cannot be reached, I authorize the attending physician to render any and all medical care which he/she deems necessary.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Signature