

2010



Check website for other camp locations

Cell (314) 393-1164  
Phone (314) 628-93411

Lou Fusz Soccer Club • 925 N. Lindbergh Blvd • St. Louis MO 63141

Fax (314) 628-9379

Lou Fusz Soccer Club Camps Director is **Marty Pike**

## Holy Infant Parish Soccer Camp

(all camps open to public)

- Who:** Boys & Girls - Ages 5 through 14
- Cost:** \$80.00 ( includes camp T-shirt)
- Where:** Woerther Elementary School  
314 New Ballwin Road • Ballwin MO 63021
- When:** Mon. July 12th through Thur. July 15th  
6:00 p.m. to 8:00 p.m.

The Lou Fusz Soccer Club is recognized as one of the premier youth soccer clubs in the Midwest. In addition to sponsoring youth select teams in all groups between U-8 and U-19, the Lou Fusz Soccer Club offers a wide range of programs for boys and girls in the St. Louis Metropolitan Area, including:

- specialized instructions for individuals or groups
- team training sessions & soccer camps
- indoor development programs
- coaching clinics

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

### Program:

Our advanced soccer training methods include individual technique training, i.e. passing, dribbling, receiving and shooting, plus group tactics using small-sided games. Coach to player ratio is approx. ten to one.

Please complete and mail the application form below with a check to:  
**All applicants will be accepted.** No confirmation letter will be sent.

Lou Fusz Soccer Club  
925 N. Lindbergh Blvd  
St. Louis MO 63141

For more info call 314-393-1164 or visit our website - [www.loufuszsoccer.com](http://www.loufuszsoccer.com)

### Holy Infant Parish Soccer Camp July 12th - July 15th

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

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

City, State, Zip: \_\_\_\_\_

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

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_

***Signed Participation Waiver Required. Waiver on reverse side.***

Email: [martypike@loufuszsoccer.com](mailto:martypike@loufuszsoccer.com)

Website: [www.loufuszsoccer.com](http://www.loufuszsoccer.com)

**PARTICIPATION WAIVER**

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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: \_\_\_\_\_