



F24 Soccer Training

2023 Summer Camps/CLINICS

U8 - U12

F24 will be hosting the following soccer camps this summer. If you are interested and would like to participate, we highly recommend submitting your registration as soon as possible. There are limited spaces; therefore we will be forced to close registration once we meet trainer per player ratio capacity.

A challenging and fun filled environment that will push every participant out of his or her comfort zone in order to reach individual peak performance no matter his or her skill level. Emphasis is placed on the development of our participant's technical skills, such as ball control, possession with the ball and field awareness.

Train, learn and improve your skills while enjoying the beautiful game of soccer.

U13 and over please contact: Harry Horozoglou
(theocharis24@gmail.com)

2023 Camp Dates/General Information:

Dates	Times	Location	Cost
June 19th - 23rd	9am -12pm	CHURCH ROAD FIELDS	\$155 Per Participant
July 5th - 7th	9am -12pm	CHURCH ROAD FIELDS	\$135 Per Participant
August 14th - 18th	9am -12pm	CHURCH ROAD FIELDS	\$155 Per Participant

Please pack a snack and bring plenty of water.

Areas of Training:

1. Individual skill development.
2. Executing a variety of turns and moves with the ball.
3. First Touch, Passing, Receiving, and Field Awareness.
4. Attacking, Defending, Shielding, Shooting
5. Finishing - with small-sided games and or scrimmages.

For more information visit our website: www.futbol24socceracademy.com
F24 Director Harry Horozoglou: theocharis24@gmail.com

Participant's Information (MUST Fill Out)

Parent/Guardian Information (if under 18)

Name: _____
 Date of Birth: ___/___/___ Age: ___ F M
 Address: _____
 City: _____ State: ___ Zip: _____

Name: _____
 Email Address: _____
 Phone #: (Home) _____
 Phone #: (Cell) _____


Emergency Contact Information:

Name: _____
 Address: _____
 Day Time Phone Number: _____
 Relationship to Participant: _____

Please select desired camp dates.

Summer Camps:

June Camp:	19, 20, 21, 22, 23	9am-12pm (\$155)	<input type="checkbox"/>
July Camp	5,6,7	9am-12pm (\$135)	<input type="checkbox"/>
August Camp:	14, 15, 16, 17, 18	9am-12pm (\$155)	<input type="checkbox"/>



TOTAL AMOUNT ENCLOSED: \$ _____ Checks Payable To: **F24 Soccer Training**

Please Read Carefully and sign the following Registration-Understanding/Waiver.

In consideration for participating in any way in F24 Soccer Training llc/Theoharis Horozoglou training Sessions and programs, and related events, I the undersigned voluntarily agree to assume full and complete responsibility for any injury or accident which may occur to the above named child during or in connection with F24 Soccer Training llc/Theoharis Horozoglou or his staff while participating in any and all training sessions. I acknowledge that F24 Soccer Training llc/Theoharis Horozoglou, I/they will participate in activities that may involve, among other things, physical contact with persons or objects, including the ground, and may incur a risk of injury. I specifically waive, give up and release F24 Soccer Training llc/Theoharis Horozoglou and his staff, from all liability for any claim for damages which I/the above named child may have relating to injuries or illness that I/they may sustain. In signing this waiver, I certify that I/the above child are in good health, with no chronic illness or abnormal tendencies. In the event of an emergency in which I/the above child requires medical care, I give F24 Soccer Training llc/Theoharis Horozoglou and or his staff authority to seek emergency medical treatment/assistance if needed. F24 Soccer Training llc/Theoharis Horozoglou is not responsible for my personal belongings which are lost, stolen, or damaged. I agree to have all fees paid in full before the first session. F24 Soccer Training llc/Theoharis Horozoglou reserves the right to cancel or change any scheduled events.

**Cancellation Policy:* If a registered camper is unable to attend camp, notification must be given two weeks prior to the start of the camp session, minus a \$25 processing fee. Cancellations within two weeks prior to the event are only refunded (minus The \$25 processing fee) in cases of documented medical reasons.

Print Name: _____
 Signature: _____

**Please supply a copy of your medical insurance card and information in case of an emergency.*

REQUIRED EQUIPMENT
Shin Guards, Soccer Ball, Outdoors/Cleats and Indoors/Sneakers



Mail Form and Payment to:
**F24 Soccer Theoharis Horozoglou 275 N Norwinden Drive,
Springfield PA 19064**

F24 Soccer Training

2023

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Photo Consent

F24 uses its website to provide current information, events and announcements. Our website is also used as an informative resource.

F24 regularly posts participants pictures, team pictures and event pictures, etc.

Futbol24 does not post any confidential or personal information on the website. Futbol24 does not post the contact or address information of any participant's information publicly.

By signing this consent form you agree to allow Futbol24 to display the participant's name and their image in team or event pictures that may be posted on our website.

F24 takes information and participant's safety and security very seriously. Please contact us if you have any questions:

Email: theoharis24@gmail.com or call us at 610-656-9618

I hereby give my consent for F24 to use my child's/participant's image/photos to be posted on the Futbol24 Soccer Academy website and to display his/her name with the associated images or video.

Participant's Name _____

Parent Name (print) _____

Parent Signature _____

Date _____

Please sign and return this form to F24 Soccer Training.

Covid Waiver-Participant

WAIVER/RELEASE FOR COMMUNICABLE DISEASES INCLUDING COVID-19 ASSUMPTION OF RISK / WAIVER OF LIABILITY / INDEMNIFICATION AGREEMENT in consideration of being allowed to participate on behalf of Springfield FC, F24 soccer training, SAA athletic program and related events and activities, the undersigned acknowledges and agrees that:

- (1) Participation includes possible exposure to and illness from infectious diseases including but not limited to MRSA, influenza, and COVID-19.
- (2) While particular rules and personal discipline may reduce this risk, the risk of serious illness and death does exist; and, I KNOWINGLY AND FREELY ASSUME ALL SUCK RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- (3) I willingly agree to comply with the stated and customary terms and conditions for participation as regards protection against infectious diseases. If, however, I observe and any unusual or significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- (4) I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS Springfield FC, F24 soccer training & SAA their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL ILLNESS, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT AND SIGN IF FREELY AND VOLNTARILY WITHOUT ANY INDUCEMENT.

I Agree _____
PRINT SIGNATURE

Covid Waiver-Parent-FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian, with legal responsibility for this participant, have read and explained the provisions in this waiver/release and in the guideline provided to my family by Springfield FC, F24 soccer training & SAA to my child/ward including the risks of presence and participation and his/her personal responsibilities for adhering to the rules and regulations for protection against communicable diseases. Furthermore, my child/ward understands these risks and responsibilities. I for myself, my spouse, and child/ward o consent and agree to his/her release provided above for all the Releasees and myself, my spouse, and child/ward do release and agree to indemnify and hold harmless the Releasees for an and all liabilities incident to my minor child's/ward's presence or participation in these activities as provided above, EVEN IF ARISING FROM TH RELEASEE'S NEGLIGENCE to the fullest extent provided by law.

I Agree _____
PRINT SIGNATURE