

Michigan State Soccer Clinic  
Medical Treatment Authorization Form

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

Clinic Number:

ALL \_\_\_\_\_

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

Medical conditions that clinic staff should be aware of:

Current Medications:

Allergies:

*In case of emergency please contact:*

Daytime Phone:

Nighttime Phone:

Medical Insurance Company:

Phone:

Policy numbers:

I, \_\_\_\_\_, as parent or legal guardian of the participant named above, authorize MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

JENISON FIELD HOUSE  
MSU SOCCER OFFICE - # 404  
223 KALAMAZOO ST  
EAST LANSING, MI 48824

# MICHIGAN STATE YOUTH SOCCER CLINICS



**CLINIC 1 – MONDAY, NOVEMBER 11<sup>TH</sup>**

**CLINIC 2 – MONDAY, DECEMBER 9<sup>TH</sup>**

**CLINIC 3 – TUESDAY, JANUARY 14<sup>TH</sup>**

**CLINIC 4 – TUESDAY, FEBRUARY 11<sup>TH</sup>**

**FOR BOYS AND GIRLS AGES 7-14  
AT THE DUFFY DAUGHERTY  
INDOOR FACILITY**

ENROLLMENT IS LIMITED – WE RECOMMEND  
EARLY REGISTRATION

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

## **Michigan State Soccer Clinics**

are designed to provide youth players with an outstanding soccer learning experience during the winter months. Individuals can enroll in a single session or all sessions at a discounted rate. The sessions feature training in all aspects of soccer, from individual training to small and large group techniques and tactics. ***The clinics are designed so the player can benefit from attending all four sessions.***

### **Goalkeeper Program:**

Michigan State also offers a specialized goalkeeper program at all sessions that features technical and tactical instruction in all aspects of goalkeeping from the Men's and Women's goalkeeping staff.

### **STAFF:**

**Tom Saxton** - MSU Women's Head Soccer Coach.  
Over 32 years of experience as a soccer clinician.

**Damon Rensing** - MSU Men's Head Soccer Coach.  
Over 17 years of experience as a soccer clinician.

**Tammy Farnum**- MSU Women's Soccer Associate Head Coach. Over 24 years of experience as a soccer clinician.

**Kylie Stannard** – MSU Men's Assistant Soccer Coach.  
Over 16 years of experience as a soccer clinician.

**Stacy Heller** – MSU Women's Assistant Soccer Coach.  
Over 13 years of experience as a soccer clinician.

**Ben Pirmann** – MSU Men's Assistant Soccer Coach.  
Over 7 years of experience as a soccer clinician.

**Laura Heyboer** – MSU Women's Soccer Volunteer Assistant Coach – 2 years of experience as a soccer clinician.

**Jeremy Clark** – MSU Men's Soccer Volunteer Assistant Coach - 2 years of experience as a soccer clinician.

***Our staff will also feature current and former Michigan State players***

**CLINIC #1 Monday, November 11<sup>th</sup>**  
**CLINIC #2 Monday, December 9<sup>th</sup>**  
**CLINIC #3 Tuesday, January 14<sup>th</sup>**  
**CLINIC #4 Tuesday, February 11<sup>th</sup>**

**AGES: 7-14 (boys and girls)**

**TIME: 7 p.m. – 9 p.m.**

### **COST:**

**\$50 FOR ANY SINGLE SESSION\***

**\$150 FOR ALL FOUR SESSIONS\***

**All proceeds go directly to benefit the Men's and Women's Soccer Programs.**

***ENROLLMENT IS LIMITED – PLEASE REGISTER EARLY!!***

***\*Note: There is a \$25 cancellation fee***

### **LOCATION:**

All sessions held at the DUFFY DAUGHERTY INDOOR FOOTBALL FACILITY on the Michigan State campus. The facility features Pro-turf, a grass-like surface covering a full size field with four full size goals.

The Duffy Daugherty facility is located on Shaw Lane, South of Spartan Stadium. Parking is available in the South stadium lot.

### **WHAT TO BRING:**

Players **need to bring their own soccer ball**, shin-guards, soccer socks, water bottle, and acceptable footwear includes flats, turfs or regular soccer cleats.

**FOR MORE INFORMATION PLEASE CALL THE SOCCER OFFICE AT:**

**(517) 432-0409 or**

**(517) 432-1887**

## **2014 MSU Soccer Clinic**

### **REGISTRATION FORM**

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

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

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Age: \_\_\_\_\_ M \_\_\_ F \_\_\_

Goalkeeper: \_\_\_\_\_

Please indicate which sessions you would like to attend:

- ALL SESSIONS \$150
- Single or multiple session(s) \$50 each

1 2 3 4 – please circle each session

Total Amount Enclosed \$ \_\_\_\_\_

***ENROLLMENT ONLINE IS HIGHLY ENCOURAGED***

**[www.spartansoccercamps.com](http://www.spartansoccercamps.com)**

(OR)

Mail registration form, attached medical form and check to made payable to Michigan State University to address below.

MICHIGAN STATE SOCCER

223 KALAMAZOO ST.

JENISON FIELD HOUSE, RM. 404

EAST LANSING, MI 48824

# Medical Treatment Authorization Form – MSU Soccer Camps

Name: \_\_\_\_\_ DOB \_\_\_\_\_ Date of Camp(s): \_\_\_\_\_

Participants are automatically enrolled in MSU's accident insurance plan. Eligible covered expenses will be paid only if they are in excess of other valid and collectible insurance.

1. List any medical conditions that camp personnel should be aware of (use additional pages if necessary):

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

2. List any medications currently taking:

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

3. List any allergies:

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

**In case of emergency please contact:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Daytime Telephone

\_\_\_\_\_  
Evening Telephone

\_\_\_\_\_  
Name of Medical Insurance Company Telephone

\_\_\_\_\_  
Insurance Policy Numbers

\_\_\_\_\_, as parent or legal guardian of the participant named above, authorizes MSU to seek medical and/or surgical treatment which is reasonably necessary to care for the participant. I further authorize the medical facility that treats the participant to release all information needed to complete insurance claims. I acknowledge my responsibility to pay all costs associated with the participant's medical care and authorize all insurance payments, if any, to be made directly to the medical facility.

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Date

Send Medical Treatment Form and completed camp brochure (unless registered and paid online) with payment in full to:

**MICHIGAN STATE UNIVERSITY**  
**MSU Elite Winter Prospect Academy**  
**223 Kalamazoo St.**  
**404 Jenison Field House**  
**East Lansing, MI 48824-1025**

**Fax: 1-517-432-1047 Attn: Kylie Stannard OR**  
**Scan and e-mail to [stannard@ath.msu.edu](mailto:stannard@ath.msu.edu)**