

**Enrollment is Limited..... Register Today !!!**

Application:

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

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

\_\_\_\_\_

\_\_\_\_\_

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

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

Grade as of fall 2009: \_\_\_\_\_

Circle the appropriate selection below:

T-Shirt Size:

Youth S M L XL

Adult S M L XL

Date: \_\_\_\_\_



**SOUTHEASTERN MASSACHUSETTS'  
PREMIER SOCCER CLUB**



**EXPLOSION FUTBOL CLUB 2009  
HIGH SCHOOL PREP CLINIC  
WWW.EXPLOSIONFC.COM**

## CLINIC FEATURES

- Technique and skill development
- Tactical development
- Agility
- Endurance
- Keeper training
- Team Chemistry at game time
- Individual skill development
- Small and full sided games
- Learning different formation

## COACHING STAFF

- |                      |                  |
|----------------------|------------------|
| * Julius Summerville | * Glenn Pasquel  |
| * Eric Green         | * Claudio Faria  |
| * Michael Khang      | * David Demello  |
| * Freddy Gomez       | * Rob Texeira    |
| * Nick Gale          | * Dan Ellis      |
| * Peter Viens        | * David Mederios |
| * Walter Vivar       | * Anthony Cosky  |
- and all other EFC coaches

## CLINIC TUITION

Full tuition due with Application  
Tuition fee is \$200.00 till June 30, 2009.  
After June 30<sup>th</sup> tuition fee is \$250.00.  
All checks should be made out to **Julius Summerville**. Please send to P.O. Box 1082 Attleboro, MA 02703

## CLINIC LOCATION

Upper and Lower Dodgeville 684 South Main St. Attleboro, MA 02703  
Please visit [www.explosionfc.com](http://www.explosionfc.com) for directions.

*All clinics will be held from 6:00 PM to 8:00 PM*

## CLINIC DATES

Tuesday July 14<sup>th</sup>  
Wednesday July 15<sup>th</sup>  
Thursday July 16<sup>th</sup>  
Tuesday July 21<sup>st</sup>  
Wednesday July 22<sup>nd</sup>  
Thursday July 23<sup>rd</sup>  
Tuesday July 28<sup>th</sup>  
Wednesday July 29<sup>th</sup>  
Thursday July 30<sup>th</sup>  
Tuesday August 4<sup>th</sup>  
Wednesday August 5<sup>th</sup>  
Thursday August 6<sup>th</sup>

*H.S. Players will play together at game time.*

**TAKE THE CHALLENGE GET READY FOR  
YOUR HIGH SCHOOL SEASON !!!!!**

For more information on this clinic please call Julius Summerville at (508) 930-9067 or email [explosionfc@verizon.net](mailto:explosionfc@verizon.net).

Please indicate the following information below.

*No clinic application is complete without this information.*

*Current Physical and Immunization Records*

### **Health Insurance:**

Company: \_\_\_\_\_

Policy #: \_\_\_\_\_

### **Physician Information:**

Doctor: \_\_\_\_\_

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

*Incase of an Emergency, it is necessary for both home and work telephone numbers for player's.*

### **Parent/Guardian:**

Home #: \_\_\_\_\_

Work #: \_\_\_\_\_

**Player's Name:** \_\_\_\_\_

I (please print)

Parent/Guardian of above player hereby authorize the staff of the Explosion Futbol Club to act for me according to their best judgment in any emergency requiring medical attention for the above player. I hereby waive and release Explosion Futbol Club, its cooperators, trustee, employees, and all agents from any and all costs, liability and expenses for any personal injuries of illness in any way related to participation in the clinic program. I have no knowledge of any physical impairment that would be affected by the above player's participation in the Clinic program, as outlined in this brochure. I also Understand the clinic retains the right to use, for publicity and advertising purposes, photographs of of players participation in the clinic program.

\_\_\_\_\_  
Parent/Guardian

Date: \_\_\_\_\_