

# Lincoln College Men's Soccer Summer Clinic



Who: Boys grades 6-12

Where: Lincoln College Soccer field

When: June 13<sup>th</sup>

Grades 6-8: 10 AM-12 PM

Grades high school: 1PM-3 PM

COST: \$15 per player; \$10 per additional siblings

Make check payable to:

Ben Massena –Lynx Soccer

300 Keokuk Lincoln, IL 62656

Questions: 217.671.1412 or [bmassena@lincolncollege.edu](mailto:bmassena@lincolncollege.edu)

Camp Features:

Individual technical Training

Agility Training

1 v 1 drills

Passing

Shooting

Defense

Small Sided games

Coach Ben Massena has been the Head Men's Soccer Coach for 9 years at Lincoln College having an overall record of 103-48-18 . In 2010 and 2011 Coach Massena lead the men's soccer team to region championship, district championship, and 5<sup>th</sup> place finishes at the NJCAA National Championships. He has coached 4 NJCAA All-Americans, 2 under-20 United States National team players and numerous all Region and All Conference Players.

Registration Form: (please Print)

Name: \_\_\_\_\_ Grade (2013-2014) \_\_\_\_\_

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

Parent(s) name and cell phone

# \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

### Liability Release

My son has permission to attend the Lincoln College Men's Soccer Clinic. We(I) release Lincoln College, Its employees and any camp staff from any and all liability for injuries, lost or stolen items, while my son participates in the Lincoln College Men's Soccer Clinic. We (I) hereby verify that my son has had a physical examination during the past year and has been cleared to play by a medical doctor in this type of activity. We (I) do also understand that the camp does not provide medical insurance and that we (I) are responsible for having insurance on him. I, the undersigned have read this release form and understand all its terms and conditions.

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

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

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

Insurance and medical care resulting from injuries at camp are to be covered by your family policy:

Health Insurance Company: \_\_\_\_\_

Please note any medical conditions we should be aware of: \_\_\_\_\_