



Premier German Soccer

Love of the game is the best teacher

Summer Camps and Classes

Learn a new skill-set, have fun and stay in shape

PGS offers affordable, effective training for players of all ages! We have a camp that fits every schedule, every budget and every skill level. Join us and see for yourself!

- 1 Clif Prescod Lane, Edison NJ
- Uniform/Equipment needs: Cleats, shin-guards, ball, water
- Ask about group rates and discount packages

World Cup Camp	Ages 6-14	June 25-29th	\$100
Each day focuses on a new topic- dribbling, passing, shooting, defending- and finishes off with a full World Cup Tournament style camp on Friday, June 29th! 9am-12pm daily.			

Evening Camp	Ages 6-14	July 2-6th	\$100
PGS's most accessible camp! Come out and practice with PGS for a fun filled week of soccer skills with PGS's world-class coaching staff! 6:30-8:30pm daily, skip July 4th.			

Summer Nights Clinic	Ages 6-14	July 11-Aug 15	\$100
Stay fit and active all Summer with PGS's most popular camp! 6-10 year olds meet 6:15-7:30pm and 11-14 years 7:45-9pm Wednesdays July 11th-August 15th.			

Register Today!

Visit premiergermansoccer.com/shop to register and pay online
(If you'd like to pay in-person, use form on back)

Please submit this page with your payment

Player Name: _____

Class Title(s)/Date: _____

Payment amount/Date: _____ Check [] Cash []

Email: _____

Medical Release Form

Assumption of Risk: I am aware that participating in any sport related activity could be dangerous and involves a risk of injury. I understand the potential risks and injuries that are associated with my child's participation. I certify that my child is in good physical condition, and I am unaware of any medical condition that would inhibit his/her participation. I accept these risks as a condition of my child's participation.

Informed Medical Consent: If my child should become ill or sustain an injury, I grant permission to Premier German Soccer and its coaches to provide minor first aid on site, or to authorize emergency medical treatment if deemed necessary by the coaches. I will assume financial responsibility for the bills incurred.

Authorization to Release Medical Information: I grant permission to Premier German Soccer and its coaches to release information from my child's medical records to emergency medical personnel for treatment purposes and to insurance companies for claims purposes. Premier German Soccer cares about player privacy and makes reasonable accommodations to protect the privacy of player's medical information.

Player Responsibilities: I agree to report all injuries and illnesses to my coaches, and follow their directions if they choose to limit my participation or modify my participation as a result.

Player Initials: _____

Parent Name: _____

Parent Signature: _____

Date: _____

Emergency Contact: _____

Please list any allergies/asthma/other conditions we should be aware of: