



AC Sandhills is excited to offer to the Goalkeepers of the Sandhills Area. On the Week of June 28 - July 2, AC Sandhills has secured the ultimate in goalkeeper training; GKONE!

GKONE is instructed by Phil Wheddon, the US National Team Goalkeeper Coach. Coach Wheddon was a part of the most recent US Olympic Gold Medal team and is currently also the Syracuse University Women's Head Coach.

The day will include 2 two hour field sessions. One hour for lunch and one hour video analysis of 2010 World Cup goalkeeping, team management.

**Location: O'Neal High School**

**Dates: June 28 - July 2, 2010**

**Times: 9:00-3:00**

**Price: \$300.00**

**Ages: U10 – U19 Boys and Girls**

Participant:    Male             Female             Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email: \_\_\_\_\_

*I recognize the possibility of physical injury associated with soccer, and hereby release, discharge, and otherwise indemnify the club, AC Sandhills, their sponsors, and its affiliated organizations, and the employees and associated personnel of these organizations, against any claim by or on behalf of the soccer player named above as a result of that player's participation in any AC Sandhills programs and/or being transported to or from the same, which transportation I hereby authorize. I hereby give my consent to have an athletic trainer, coach, team manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine or dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted.*

_____	_____	_____
<b>Parent or Guardian Signature</b>	<b>Date</b>	<b>Print Parent or Guardian</b>
<b>Name</b>		

**Please Mail with a Check, Cash or Money Order, along with a copy of a birth certificate to:**

**AC Sandhills  
295 PINEHURST AVE  
SUITE 1-A  
SOUTHERN PINES, NC 28387**

