

## 2017 - 2018 Heat Indoor Clinics



The Heat players and coaches will be hosting and instructing 11 separate pre-game clinics for the first 30 players interested in attending each 1-hour training session, conducted on the Harrisburg Heat Game field at the Farm Show Large Arena. All participants receive free admission to that day's Heat game, autograph session with Heat players and additional items based upon the package purchased.

**Game Dates:**  
\_\_\_ Sat. Nov. 11  
\_\_\_ Fri. Dec. 1  
\_\_\_ Sat. Dec. 2  
\_\_\_ Sat. Dec 9  
\_\_\_ Sun. Dec. 10  
\_\_\_ Fri. Dec. 15  
\_\_\_ Sat. Dec. 16  
\_\_\_ Fri. Jan. 26  
\_\_\_ Sat. Jan. 27  
\_\_\_ Fri. Feb. 23  
\_\_\_ Sat. Feb 24

**Cost:**  
\$45- Clinic fee and game ticket  
\$55- Clinic fee, game ticket, Heat t-shirt and voucher for one drink and one hot dog

**Age/Gender:** Boys and girls 6 to 14 (please call or email if outside of age group)

### Clinic Times:

Friday Game Day Clinics are from 5:30-6:30  
Saturday Game Day Clinics are from 5:00-6:00  
Sunday Game Day Clinic is from 11:30-12:30

**Location:** Harrisburg Farm Show Complex, Large Arena - Home Field for the Harrisburg Heat

\*Registrations will be accepted via mail or online at [www.harrisburgheat.com/special-events/indoor-soccer-clinics/](http://www.harrisburgheat.com/special-events/indoor-soccer-clinics/)\*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_  
Phone: \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_  
T-shirt Size (for \$55 package): YS - YM - YL - AS - AM - AL - AXL (circle one)

Primary Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Additional Medical Info: \_\_\_\_\_

"My child is in excellent physical health and capable of participation in strenuous physical activity. I hereby give my approval to his/her participation in the HARRISBURG HEAT CLINIC. I understand that I will be held responsible for injuries to my child resulting from or in connection with clinic activities. I hereby release, absolve, and hold harmless the HARRISBURG HEAT CLINIC, its coaches, directors, members, sponsors, and supervisors."

**SIGNATURE:** \_\_\_\_\_ (Parent/Guardian)

If submitting payment by mail, please enclose the appropriate non-refundable payment for the package you have selected to: HARRISBURG HEAT, P.O. Box 60765, Harrisburg, PA 17106 postmarked one week prior to the clinic date. This will reserve your space for the clinic. If you have any questions, call (717) 540-4328 or email [heat@harrisburgheat.com](mailto:heat@harrisburgheat.com). Thank you!