



## **and the Chicago Red Stars present the Caroline Jonsson Goalkeeping Clinic**

**Date: Saturday, September 19, 2009**

**Location: Nike Park, 288 W. Diehl Rd, Naperville, IL**

**Time: 12pm-2pm**

**Clinic is open to goalkeepers age 10 and up**

**Fee: \$30 per player (cash or check made payable to NSA)**

**Questions? Please call Bonnie Young, NSA Senior Girls DOC, (732) 221-6891;  
[bonpsu6@aol.com](mailto:bonpsu6@aol.com)**

### **About Caroline Jonsson**

**From Lund, Sweden**

**WPS:**

- **Selected in the 4th round of the WPS International Draft (26th overall)**
- **Started every game of the 2009 WPS season in goal for the Chicago Red Stars**

**International:**

- **Member of the Swedish National Team since 1997. Earned first cap in 1999. Helped Sweden to silver medal finish at 2003 World Championships. Participated in the 2000, 2004 & 2008 Olympics and 2001 & 2005 UEFA Women's Championships. Missed the 2007 FIFA Women's World Cup after tearing her ACL. Selected to the FIFA World All-Star team in Paris 2004.**

**Club:**

- **Goalkeeper for Swedish club Malmö since 1995, logging 311 appearances over that time. Named Sweden's best goalkeeper in 2003 and 2006. Given the Football Figure award in 2003**

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## **Player Information:**

**Player Name:** \_\_\_\_\_ **Player's Date of Birth:** \_\_\_\_\_

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

**Emergency Contact (during clinic hours):** \_\_\_\_\_

**I, (parent/guardian)\_\_\_\_\_ certify that my child(ren) above is/are in excellent health and may participate in physical activity, including soccer. I agree to hold Caroline Jonsson, her agents, employees, contractors, and associates harmless from any and all claims for injuries sustained by my child(ren) during his/her participation in camp. Permission is granted of my child(ren) to receive emergency medical treatment. My child has full medical insurance coverage as on file with my child(ren)'s club team.**

**Attach any additional relevant information to this form if coaches should be aware of any health concerns.**

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Fee is acceptable in cash or check payable to NSA**

**Please print this form out and bring it with you to the clinic, or you can submit it electronically to Bonnie Young, [bonpsu6@aol.com](mailto:bonpsu6@aol.com)**

**Questions – please call Bonnie Young, NSA Senior Girls DOC, 732-221-6891**