

JANUARY 30th – FEBRUARY 2nd, 2013

REGISTRATION FORM

Via TheBahamasWeekly.com

NAME:	
DATE OF BIRTH:	AGE:
SCHOOL:	GRADE:
WHAT POSITION DO YOU PLAY?	
WHERE DO YOU PLAY?(E.G. YMCA, GI	IRL'S LEAGUE, BOY'S LEAGUE, SCHOOL LEAGUE)
	affect your child's ability to participate in this clinic?
I hereby give permission for my child	to participate
	ruary 2 nd , 2013. Payment of \$30.00 is attached.
Name of Parent/Guardian:	
Phone Contact:	
minor, do hereby agree to release, discharg	guardian of a age, and hold blameless S ³ Soccer Clinic, Organizers and or demands whatever on account of injury or accident or's participation in this activity.
Signature of Parent/Guardian	Date
DIFACE DETACL C VEED TO	HIS PORTION FOR YOUR INFORMATION
PLEASE DETACH & KEEP TI	in the second se
Schedule of events:	
	- 3:30pm – 5:30pm; Opening/Training Session
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• Wednesday, January 30 th , 2013	- 3:30pm – 5:30pm; Opening/Training Session

Contacts: Cletis A. Smith: Email: cletis smith@yahoo.com or (242) 442-5695

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P.O. Box F-40848, Freeport, Grand Bahama Island, BAHAMAS.

CHECK OUT S³ SOCCER CLINIC ON FACEBOOK!