



JANUARY 12-15TH, 2011

REGISTRATION FORM

NAME: _____

DATE OF BIRTH: _____ AGE: _____
DAY/MONTH/YEAR

SCHOOL: _____ GRADE: _____

WHAT POSITION DO YOU PLAY? _____

WHERE DO YOU PLAY? _____
(E.G. YMCA, GIRL'S LEAGUE, BOYS LEAGUE, SCHOOL LEAGUE)

Are there any medical conditions which could affect your child's ability to participate in this clinic? YES [] NO []

If YES, please explain: _____

I hereby give permission for my child, _____ to participate in the S³ Soccer Clinic, January 12-15, 2011. I have attached payment of \$25.00.

Name of Parent/Guardian

Date

RELEASE – I, the undersigned, as parent/guardian of _____
A minor, do hereby agree to release, discharge, and hold harmless S³ Soccer Clinic, Organizers and Coaches, of and from all causes, liabilities, or demands whatever on account of injury or accident involving the said minor arising out the minor's participation in this activity.

Signature of Parent/Guardian

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