

CO-ED SOCCER CLINIC

SATURDAY, APRIL 10



9 AM - 12 NOON

HILLSIDE CHAPEL



FRONT LAWN

- Staffed by the Cedarville Women's Soccer team.
- Skill development, scrimmages, games, & skits.
- Cost: \$5 includes t-shirt if registered by April 1st. A free lunch will be served at noon.
- Ages: For boys & girls K-5th grade.
- Bring a water bottle & soccer ball with name marked on it. There will be a limited number of extra balls. Soccer shoes & shin guards are recommended but not required.
- Check-in begins at 8:40 am day of clinic. Lunch will be served from 12:00-12:30 pm.
- The rain back up date is April 11 from 2-5 pm.



3515 Shakertown Road Beavercreek, OH 45430
937.426.7537 www.hillsidecma.org

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Co-ed Soccer Clinic Registration

**April 10, 2010---9 a.m. to Noon
Lunch from Noon to 12:30 p.m.**

Circle T-shirt Size: YS YM YL AS AM AL

<p>For Office Use Only Paid: Cash / Check # _____ Form signed _____ Entered on roster _____</p>

PLEASE PRINT

NAME		AGE	GRADE	BIRTHDATE	CIRCLEONE M F
ADDRESS			HOME PHONE		
CITY	STATE	ZIP	CELL OR DAYTIME PHONE		
PARENT(S) NAME		EMERGENCY CONTACT & PHONE #			
ALLERGIES		HEALTH ISSUES			
HOW DID YOU HEAR ABOUT THE CLINIC?					

MEDICAL AND LIABILITY RELEASE

We realize that no activity is without the possibility of unforeseen hazards which could result in injury to an individual.

As a parent or guardian, you are to be aware of your responsibility to instruct your child of the importance of conduct which will insure safety and enjoyable time while participating in this activity. By signing this form, you, as a parent, guardian or other responsible party, agree to assume the risks and hazards which are inherent in this kind of activity. You also agree to absolve and hold harmless the sponsoring organizations and their representatives for damage, loss or injuries to the child for whom you sign.

I give my child, _____, permission to participate in this activity, and give my permission to the leaders of this function to authorize any treatment deemed necessary by a licensed physician due to accident or illness during this activity.

I also give permission for the use of any photo or likeness of my child to be used by the sponsoring organizations.

Parent's/Guardian Signature: _____ Date _____

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