

Sponsored by
The
Waterford Soccer Club

The 16th Annual
2010 Connecticut Coast Soccer Clinic
Registration / Medical Release Form

conncoastsoccer.com

“Southern Connecticut’s Premier All Girls Soccer Clinic”

Spera Park
Clinic Sessions

Girls Week
7/19/10-7/23/10

Clinic Cost

Full Day Session \$235.00
Half Day Session \$165.00

Waterford Soccer Club
Full Day Discount
Full Day - \$10.00 Off!

Multi-Child Discount
Full Day - \$20.00 Off!

Make Checks Payable to:

Waterford Soccer Club

Mail Registration / Check to:

CCSC
15 Leary Drive
Waterford, CT
06385
860-443-2235

First Name

Last Name

Street Address

City

State

Zip

Home Number

Emergency Number(s)

Grade (Fall 2010)

Email Address (confirms registration)

Allergies / Medications / Physical Limitations

I understand what the Clinic involves and believe that the forenamed person is in proper physical condition to participate. I assume all of the risks and responsibilities arising from participation and understand that injuries, minor and severe, could occur, including death. In the event of a medical emergency requiring medical attention beyond first aid, I hereby grant permission to a physician or hospital personnel designated by Connecticut Coast Soccer Clinic to attend to the forenamed person. I expect every effort will be made to contact me prior to any serious medical attention and understand that I assume the incurred cost if an ambulance is needed and/or medical treatment at the hospital is necessary. In the event of any injury, I can expect the CCSC staff to ensure proper supervision of the forenamed person at all times.

Parent / Guardian Signature

Date

I give consent for the forenamed person to be photographed and images to be used for promotional purposes in future Clinic literature, including, but not limited to, web site development and Clinic brochures.

Parent / Guardian Signature

Date

Session (please circle) Full-Day or Half Day

Girls Week or Boys Week (please circle)

Goalkeeper Training (please circle) Yes or No

T-Shirt (please circle) YL S M L

Waterford Soccer Club Member \$10.00 Discount (please circle) Yes or No

2nd & 3rd Family Member \$20.00 Discount (please circle) Yes or No

Amount Enclosed _____

Check Number: _____

