

“Southern Connecticut’s Premier Girls Soccer Clinic”

2011

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

conncoastsoccer.com

“It’s not just soccer, it’s a way of life.”

Spera Park

Clinic Session

Girls Week
7/25/11–7/29/11
(limited to 150 players)

Clinic Cost

Full Day Session \$250.00
Half Day Session \$160.00

**Register Online
or Early and Save!**

Make Checks Payable to:

Waterford Soccer Club

Mail Registration / Check to:

Connecticut Coast Soccer
c/o Girls Summer Clinic
15 Leary Drive
Waterford, CT
06385

rob@conncoastsoccer.com
860-884-0230

Come and Support the
“Shine the Lights on Spera” fund-
raising effort

First Name

Last Name

Street Address

Date of Birth

City

State

Zip

Home Number

Emergency Number(s)

Grade (Fall 2011)

Date of Birth

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

Goalkeeper Training (please circle) Yes or No

T-Shirt (please circle) YL S M L

Half-Day Early-Bird Registration (by 6/15/11) \$10.00 Discount (please circle) Yes or No

Full-Day Early-Bird Registration (by 6/15/11) \$20.00 Discount (please circle) Yes or No

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

Amount Enclosed: _____

Check Number: _____

