



CLARENCE SOCCER CLUB

FIRST TOUCH

SOCCER ACADEMY

WINTER 2010



Please look over the following application. Mail with your check payable to Clarence Soccer Club to:

Dave Stephan
10005 Clarence Center Rd.
Clarence, NY 14031

PLAYER'S LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

TOWN: _____ ZIP: _____

PHONE: _____ BIRTHDAY: _____ GENDER (M/F): _____

PARENT(S) NAME(S) (LAST NAME ALSO IF DIFFERENT FROM CHILD): _____

EMAIL: _____

PROGRAM: U6 (AGES 4-6) _____ (\$120) U10 (AGES 7-10) _____ (\$120)

Eligibility:	Boys/Girls residing within the Town of Clarence and/or Clarence School District	
Logistics	Location: The EPIC Center—2793 Wehrle Dr. Registration deadline: 1 st come, 1 st served. Session Length: 60 minutes Sessions run: Jan. 23 through Mar. 27 # Sessions: 10 Trainer/Coordinator: Dave Stephan, 207-2945	Equipment needed: Cleats or Laced sneakers Shin guards Ball Water bottle
U6 (Age: 4-6)	Ball size: 3 Time: Saturdays 8:00-9:00am	Fee: \$120
U10 (Age: 7-10)	Ball size: 4 Time: Saturdays 9:00-10:00am	Fee: \$120

CONSENT FORM

Please indicate any medical problems or physical handicap which should be known for your child's protection:

PERSON OTHER THAN PARENT TO NOTIFY IN EMERGENCY: _____ PHONE: _____

PARENT CELL PHONE AND/OR PAGER NUMBER: _____ PARENT WORK PHONE: _____

DOCTOR TO NOTIFY IN EMERGENCY: _____ DOCTOR PHONE: _____

I the undersigned, parent/guardian do for ourselves, executors, administrators, heirs, agree to hold harmless and agree to indemnify the CLARENCE SOCCER CLUB, member state associations, member leagues, member clubs, officers, officials, coaches, referees, managers, owners of soccer fields and facilities utilized, or any sponsor for any claims that might be asserted by us or our child as a participant in the game of soccer. I do hereby authorize the officer, leader, or coach, agent(s) of the state youth association and of affiliated members to transport as required the above minor to and from association sponsored activities including, but not limited to, athletic and social events.

CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give my consent for emergency medical care prescribed by a duly licensed physician of medicine. This care may be given under whatever conditions are necessary to preserve the life, limb, or well-being of my dependent.

Signature of Parent/Guardian

Date