

SUMMER SOCCER COMP

Starting Wednesday October 15th 2008

Registration & Emergency Contact Form

Player's name: _____ Age group: _____

Player's Sherbrooke team if applicable : _____

Emergency Contact: _____

Tel: _____ Mobile: _____

In case of emergency, accident or illness involving my child, I give permission for one of the Sherbrooke Rangers Junior Soccer Club committee members present, to seek medical attention and I agree to pay any costs incurred.

SIGNED: _____ **Date:** _____

Venue: Monbulk Reserve Moores Rd Monbulk
Cost: \$30 for 7 weeks for 1st child
\$25 for extra siblings.

Email to: davidceeney@netspace.net.au

Post to: SRJSC PO Box 693 Emerald 3782

Fax to: 9768 2311

Deliver to: Secretaries Pigeon Hole at Menzies Creek Reserve Clubrooms

Club Use Only:

Amount Paid: _____

Date: _____

Signed: _____