

# SUB JUNIOR SOCCER CLINIC

U8 -U10 Age group

Tuesday the 1st of July 2008

## Registration & Emergency Contact Form

Player's name: \_\_\_\_\_ Age group: \_\_\_\_\_

Player's Sherbrooke team: \_\_\_\_\_

Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Tel: \_\_\_\_\_ Mobile: \_\_\_\_\_

Ambulance Cover: YES/NO

**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:** \_\_\_\_\_

**Club Use Only:**

**Amount Paid:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Signed:** \_\_\_\_\_