# Youth Soccer Clinic

**Saint Joseph Central Catholic High School**

* **Monday, July 30th 5:30-7:00pm\***
* **Tuesday, July 31st 5:30-7:00pm\***
* **Friday, August 3rd 5:30-7:00pm**

***\*U6 will meet 5:30-6:30pm on Monday & Tuesday***

***On Friday’s camp we’ll have “Meet the FLYERS SOCCER TEAM” with refreshments & fun for campers!***

At the **St. Joseph High School Fields**

Located on Lawrence Street Road

$25 Registration Fee

$20.00 for each additional sibling

Registration forms with payment may be returned to either school office. Registration will also take place at the field on Monday, July 30th 5:00-5:15pm.

Please contact St. Joseph High School at 740.532.0485 if you have any questions or to request additional forms. Forms may also be downloaded from the website at [www.irontoncatholicschools.org](http://www.irontoncatholicschools.org) .

Name

Last First Middle

Home Address

Number & Street City State Zip

Date of Birth / / Parent/Guardian’s Name

Address if Different

Number & Street City State Zip

Emergency Phone Numbers: Should your child become ill or injured, please provide numbers where a parent or guardian can be reached:

Home Work Cell Cell

2nd Emergency Contact:

Name Relationship Phone

Please describe any physical/mental conditions you wish for the staff to be aware:

* U6 Born in 2014/2013
* U8 Born in 2012/2011

Age Groups may be combined.

* U10 Born in 2010/2009
* U12 Born in 2008/2007

**Adult Shirt Size**

* Small
* Medium
* Large

**Youth Shirt Size**

* Small
* Medium
* Large

Required Equipment: Soccer ball, shin guards, soccer cleats (toe cleat not permitted).

Release: The following points must be initialed by parent or legal guardian.

-I release St. Joseph High School and the staff of the Youth Soccer Clinic for any injury that may occur to my child while participating in the St. Joseph High School Youth Soccer Clinic. In the event of illness or injury, I grant the Youth Soccer Clinic’s Staff the right to take appropriate action for my child’s health and safety and to obtain any necessary medical assistance. I understand that The Youth Soccer Clinic will try to contact me at the above emergency numbers. I will be fully responsible for all medical expenses incurred by my child while attending the clinic. .

-My child is required to provide his/her own equipment, which is in good condition for use during the program. I understand that lost equipment and personal belongings are not the responsibility of the Youth Soccer Clinic.

-I have read and understand every item on this form. I have checked all the boxes and filled in all information. .

Signature of Parent of Legal Guardian