



JUNE 25-29
GRADES K-3
8:00-11:00AM
\$100.00

THE STARS SOCCER CLINIC IS A GREAT PLACE FOR ANY YOUNG ATHLETE WHO IS LOOKING TO IMPROVE HIS OR HER SKILLS, WORK HARD, MAKE NEW FRIENDS AND HAVE FUN ALL WHILE GETTING TO KNOW THE SPORT OF SOCCER! OUR MISSION IS TO PROVIDE ATHLETES WITH THE TOOLS TO ENJOY SOCCER FOR LIFE! THIS CLINIC IS DESIGNED TO INTRODUCE THE BASICS OF SOCCER THROUGH FUN GAMES AND ACTIVITIES.

Please fill out and return to Saint Joseph
Catholic School in a sealed enveloped marked:
Attention: Amanda Oweis, SOCCER CLINIC

CAMP COST INCLUDES T-SHIRT AND OTHER FUN GIVE-A-WAYS!
DROP OFF AND PICK UP IS IN THE GYM.
REGISTRATION IS OPEN NOW THROUGH MAY 25TH

If you are enrolling more than one
child, please fill out additional forms;
checks can be made into one payment.

Please make all checks payable to Amanda Oweis

Parents' Names:

Mother: _____
Phone: _____
Father: _____
Phone: _____

Person to contact in case of emergency:

Name: _____
Phone: _____

List any special medical problems we should
be aware of:

Player Name: _____

Age and Upcoming Grade: _____

Address: _____

Phone: _____

School Attending: _____

Email: _____

Adult Shirt Size (Circle One)

S M L XL

Youth Shirt Size (Circle One)

S M L

Parental Consent:

The undersigned parent or guardian understands that the applicant will be engaging in activities that may result in physical injury. St Joseph School, its directors and employees, will be released from any and all liability from personal injury. I hereby give permission for my son/daughter to participate in the Soccer Clinic and be treated by a licensed physician in the event of injury. I hereby give my permission for emergency treatment in the event that I cannot be reached. Furthermore, I agree to pay for this service.

Parent signature

Date