

2010 Lady Warriors Soccer

Dates	Time	Grade in Fall 2010	Cost	Location
August 23-26	4:00 – 5:30 pm	Third, Fourth, Fifth, Sixth	\$75	Wheelock

(Please print clearly)

Name: _____ Grade Fall 2010 _____
Address: _____ Phone #: _____
Cell#: _____ Email: _____

Parent's Signature: _____.

Please make your check payable to Medfield Youth Soccer. Return the bottom portion, medical release, along with the fee to Louise Wasley, 11 Spring Valley Road, Medfield MA, 02052. For more information please email Coach La Francesca at mfracnessca@yahoo.com

Sessions are limited in size and a wait list will be maintained if any sessions are full.

Please remember to send the medical release form back with your check.

MEDICAL RELEASE

In the unlikely event that medical attention may be necessary for my daughter, I, the parent or guardian of _____, give consent for emergency medical/surgical treatment.

Signature of parent or guardian: _____
Date: _____ Telephone: _____
Address: _____

Optional Data

My daughter is currently taking these medications:

Family physician's name: _____
Family physician's address: _____
Family physician' phone: _____

General Release

I hereby acknowledge that participation in the Warriors Soccer Clinic carries with it potential hazard, I, therefore release the clinic coaches, the staff and the Town of Medfield of liability in the event of injury during the camp.

Participant's Name (please print): _____
Participant's birth date: _____
Signature of parent or guardian: _____
Date: _____