



## 2016 High School Clinic Series Spring/Preseason High School Clinic Registration Form

Spring Clinic Dates: Tuesday / Wednesday / Thursday 3:30 – 5:00

May 31, June 1, 2, 7, 8, 9, 14, 15, 16

\$35 registration fee

Preseason Clinic Dates: Monday – Friday 5:30 – 7:00

August 15 - 19

\$25 registration fee

-----  
Complete the form and bring the registration fee to the first day of the clinic.

Spring Clinic \_\_\_\_\_ Preseason Clinic \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

High School: \_\_\_\_\_

### **Liability Release:**

I do hereby release and discharge Gold Star Soccer and associates with Gold Star Soccer for all accidents and medical or dental expenses incurred as a result of participation with Gold Star Soccer. The above named applicant is in good health, and has my permission to participate in the physical activities of the vigorous Gold Star Soccer Program. In the event of an emergency or injury/illness, I grant permission for the applicant to be given treatment by a medical professional. I will assume all responsibility for payment of any uninsured cost incurred.

Gold Star Soccer will not be held liable for any injury. All players must have their own health insurance. By participating in the above program I understand that I am responsible for all payments and that all payments are non-refundable!

I have read and understand the above and will assume all responsibility

Parent's Name: \_\_\_\_\_ Date: \_\_\_\_\_