

# 5<sup>th</sup> - 7<sup>th</sup> grade Soccer Spring Clinic 2017

Name \_\_\_\_\_ Phone \_\_\_\_\_

Grade \_\_\_\_\_

E-mail \_\_\_\_\_

Father/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Mother/Guardian \_\_\_\_\_

Cell Phone \_\_\_\_\_

Family Physician \_\_\_\_\_

Phone \_\_\_\_\_

Authorized Emergency Person \_\_\_\_\_

Phone \_\_\_\_\_

Special Health/Emergency Information:

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_

Date \_\_\_\_\_

Cost: \$60.00 for Spring Clinic

Due: February 24



\* **Remember:** if you have linked your bank account to your **FACTS** account, you no longer need to submit checks for **incidentals!** This cost will be added to your child's FACTS account to be automatically drafted from your bank.