

Kicks for Kids!

Youth Soccer Clinic

Ages 5-10



Youth Soccer clinic presented by Rage U-15 Premier Team. This experienced team will teach your child some new soccer skills, play games and have fun!

Player's Name: _____
Address: _____
Phone: _____
E-mail Address: _____
Birth Date: _____
School Attending in Fall: _____
Age: _____ **Grade in fall:** _____
Soccer Experience (years of play): _____

Emergency Information:

Mother's Name: _____
Phone (H): _____ **Phone (C):** _____
Father's Name: _____
Phone (H): _____ **Phone (C):** _____
List any medical conditions (Allergies, Asthma, Diabetes, Heart Disease, etc.):

I hereby give my consent for the above named girl to participate in the Kicks are for Kids Youth Soccer Clinic I assume all risks and hazards that are incidental to the conduct of activities. I further agree to release, absolve, indemnify, and hold harmless this Association, its coaches, players, officials and employees, the City of Pleasanton and Pleasanton Unified School District of all legal responsibilities. In case of accident and a parent or guardian cannot be reached, I hereby authorize emergency treatment to any qualified physician or dentist for my child hereon identified.

Parent/Guardian Signature: _____ **Date:** _____

Registration Check List:

Make check payable to "**Rage 95-96**" for the amount of \$35 per player. Registration must be postmarked by August 6, 2010. Walk in registration first come first serve as space is limited.

Mail completed registration form and check to Attn: Courtney Nicholas 1169 Pineto Place, Pleasanton, CA 94566

Returned Checks: A \$25.00 service charge is required for returned checks.

Refund Policy: Refunds are only given if requested no later than three (3) working days prior to the clinic.

Note: Players must bring cleats, shin guards, water, and ball.