

5th-7th 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.**