



2009 SAMMAMISH HIGH SCHOOL
WOMEN'S SOCCER CLINIC
JULY 28-30 4:00 PM - 6:00 PM

REGISTRATION FORM

Clinic Donation: \$50

Checks Payable to: Mike Gano

Registration & Payment Due Date: July 1, 2009

Mail to: 2514 88th Ave NE, Bellevue, WA 98004

Participant Name: _____

Home Phone: _____ Additional Contact Phone Number: _____

Address: _____

Age: _____ D.O.B. _____ Grade _____ School Attending: _____

Emergency Contact: _____ Phone: _____

Doctor's Name: _____ Phone: _____

Medical Insurer: _____

Parental / Guardian Signature: _____

In signing this form I permit my daughter to participate in the activities associated with the Sammamish High School Women's Soccer Camp. My daughter will arrive and depart the camp with a parent, guardian or individual specifically designated by the parent/guardian. I agree that participants are responsible for bringing their own water and snacks to the camp. I agree that Sammamish High School, the Bellevue School District, and coaches are not responsible for any injuries incurred by participants through the normal course of participation in camp activities. I agree that participants will only be allowed to take part in daily activities if they have proper safety equipment (shin guards, proper shoes, etc.). The Sammamish High School field is synthetic sport turf. Both cleats and turf-style soccer shoes are appropriate.

