



"Through the cooperative efforts of"
Harford County Department of Parks and Recreation and
Cedar Lane Sports Foundation

2010 Winter Skills Clinic Registration Form

Name: _____
Age: _____ Grade Entering: _____ Gender: Male / Female
Address: _____

Email: _____ Contact Phone #: _____
Name of School: _____
Medical Issues: _____

IN CASE OF EMERGENCY:

Name: _____
Home Phone: _____ Work Phone: _____

Class: (circle one)
Level 1 (Grades 4-8) Level 2 (Grades 9-12)

*We (I) hereby request that you accept the application of _____
in the 2009 soccer clinic during the date set forth in this application: We (I) hereby release
Coach Jameson Wunsch and staff for all claims on account of any injuries which may be
sustained by our (my) minor son or daughter while attending the clinic and any claims which
hereafter may be presented by our (my) son or daughter as a result of any such injuries. We
(I) also certify he or she is medically fit to participate in this camp. We (I) hereby authorize the
directors of +ONE clinic to act for us (me) according to their best judgment in any emergency
requiring medical attention.*

Signature (Parent/Guardian)

Date

Please return this form with a \$120 check to:

Cedar Lane Sports Foundation
PO Box 424
Churchville, MD 21028