



## 2010 Summer Skills Clinic Registration Form

*One Person Per 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 (Age 8-12)      Level 2 (Age 12-16)

***We (I) hereby request that you accept the application of \_\_\_\_\_  
in the 2010 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 \$100 NONREFUNDABLE check to\*:

### **Cedar Lane Sports Foundation**

1100 Cedar Ln,  
Bel Air, MD, 21015

\*Cash or check in the full amount will also be accepted prior to 1<sup>st</sup> session