

2010 Clinic Permission Slip

Child's Name _____

Age _____

Parent / Guardian: _____

Address: _____

City / State / Zip: _____

Work Phone: _____ Cell: _____ Home Phone: _____

Emergency Contact (other than Parent / Guardian)

Name: _____ Phone: _____ Phone 2: _____

Name: _____ Phone: _____ Phone 2: _____

Check # _____ Check Amount: _____ Cash: _____

Name of person paying: _____

Checks should be made payable to the Norwalk Board of Education

Any check returned for insufficient funds will be charged an additional \$25.00

Refund for cancellations are subject to a \$10 service fee, except with written medical note from a doctor, no refunds will be given after the clinic has begun.

Permission

My child has my permission to participate in the girls youth soccer clinic sponsored by the Norwalk Board of Education of the Norwalk Public Schools. I understand that any medical costs incurred due to injuries suffered by my child while participating in the clinic will be assumed by me, the undersigned parent/guardian, and neither the clinic director nor the Norwalk Board of Education will be held liable.

Signature of Parent / Guardian: _____

Date: _____

Email Address: _____