

ist***FREE SOCCER CLINIC*******

SPONSORED BY: NCH SAY SOCCER ASSOCIATION

WHEN: SATURDAY, JUNE 27, 2009
WHERE: PIES SOCCER COMPLEX
TIME: 10:30- 11:30
FOR: CHILDREN 4-13

FALL 2009 SIGN-UPS WILL BE HELD DURING THE CLINIC

ALL CHILDREN ATTENDING THE CLINIC SHOULD BRING A WATER BOTTLE, AND
SOCCER BALL (IF YOU HAVE ONE)

FOR MORE INFORMATION CONTACT:

**JULIE MCNAMARA
REGISTRATION COORDINATOR
MCNAMARAC6@AOL.COM
(513)522-2678**

REGISTER IN PERSON

Bring payment and completed form
Saturday, June 13, 2009
11:30-1:30
Pies Soccer Complex

REGISTER BY MAIL

Send payment and completed form for each player to:
North College Hill Soccer
6818 Richard Ave.
Cincinnati, Ohio 45224
All forms need to be received by July 10, 2009

FEE INFORMATION

Each Player-\$75
Registration fee includes the uniform shirt, shorts and socks for each
player.

Late Fee: \$20- only applies after teams have been formed and uniforms
have been ordered

Refunds: Absolutely NO refunds after uniforms have been ordered

Return Check Fee: \$40

Season Information

Practices begin the first week of August. The game season begins the
last weekend of August and runs until the third weekend of October,
unless the team qualifies for the area tournament, then that team will
continue play through the middle of November.

NCH SAY Soccer Registration Form

Age Division-Circle One

Lollipop 8/1/03-7/31/05 Wing 8/1/99-7/31/01

Passer 8/1/01-7/31/03 Striker 8/1/97-7/31/99

Kicker 8/1/95-7/31/97

Player's Name: _____

Boy () Girl ()

Age: _____

Date of Birth: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip _____

Email: _____

Mother: _____ Phone: _____

Father: _____ Phone: _____

Emergency Contact: _____

Emergency Contact's Phone #: _____

Last Year's Coach: _____

List any medical problems that the coach should be aware of:

Shirt Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

Short Size: YS(6-8) YM(10-12) YL(14-16) AS AM AL AXL

To the best of my knowledge my child is physically fit and able to play soccer. I understand that SAY Soccer does not take responsibility for the fitness of players and that I bear the responsibility for my child's physical condition. I hereby agree to indemnify and to hold harmless NCH Soccer, its coaches, officers and members from any claim whatsoever due to any injury or loss my child sustains while playing soccer sponsored under supervision of NCH SAY Soccer.

Parent or Legal Guardian:

Signature

Date