



Big Green Clinics & Super 8's

6083 Alumni Gym
Hanover, NH 03755

www.BigGreenClinics.com



2010 Application

One Player per Application

Last Name:	First Name:	MI:	M or F
Address:	City:	State:	Zip:
Birth Date: / /	Age:	Grade:	Phone:
Email:			
Parent/Guardian's Name(s):		Work Phone:	
Person to notify in emergency:		Phone:	
Relationship to player:			

Participation: (please check one)

- | | |
|-----------------------------------------------------|------------------------------------------------------------------------------------------|
| <input type="checkbox"/> K-1 clinic program | Cost: \$150 (includes coaching, ball, and T-shirt)
(Mon. & Wed, 4:15 - 5:30pm) |
| <input type="checkbox"/> 2-3 clinic program (Girls) | Cost: \$150 (includes coaching, ball, and T-shirt)
(Mon. & Wed, 4:15 - 5:30pm) |
| <input type="checkbox"/> 2-4 clinic program (Boys) | Cost: \$150 (includes coaching, ball, and T-shirt)
(Mon. & Wed, 4:15 - 5:30pm) |
| <input type="checkbox"/> Super 8's program (Girls) | Cost: \$200 (includes coaching, ball, and T-shirt)
(Mon. & Wed, 5:30 - 7:00pm) |

Please make checks payable to: "Friends of Dartmouth Soccer"
(payments may only be made by check or cash)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the United States Youth Soccer Association and Big Green Clinics, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA and BGC accepting the registrant for its soccer programs and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the USYSA and BGC, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize. **CONSENT FOR MEDICAL TREATMENT:** As the parent or legal guardian of the above-named player, I hereby give my consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of my dependent.

Name: _____

Signature: _____ **Date:** _____