

EDMONDS SCHOOL DISTRICT PRESENTS:

Lady Royal's **Soccer Clinic**

Lynnwood High School Lady Royal Soccer wants you!

When: Friday, May 15th, 9:00am-2:00pm

(there is no school for students on this day)

Where: Lynnwood High School

Register by phone or mail: see information below!

Cost \$ 35.00

Who can attend? Girls - kindergarten to 6th Grade

Improve Soccer skills, learn cheers, play games and much more!

Participants will receive a soccer clinic T-Shirt!

Players will need to bring a **water bottle** and **sack lunch** - we will provide a snack!

Bring your ball, shin guards and water bottle - Wear comfortable clothes and cleats

Parents can come and stay or drop in at anytime; at 1:30 we will be having an intrasquad game for all participants (parents welcome also), so bring your video cameras.

Clinic will be over at 2:00 pm



(Please fill out front and back completely)

NAME _____ GRADE _____

ADDRESS _____

CITY _____ ZIP _____

SCHOOL _____ SHIRT SIZE _____ Youth or Adult

PARENT/GUARDIAN NAME _____

PARENT/GUARDIAN PHONE NUMBER(S) _____

OTHER EMERGENCY CONTACT/NUMBER(S) _____

EMAIL ADDRESS: _____

PLEASE MAIL REGISTRATION/RISK FORM WITH ENTRY FEE TO ADDRESS BELOW:

Make Checks Payable to Edmonds School District or "ESD"

Mail – send check & form to:
Lynnwood High School c/o Tracy Lord
18218 North Road
Bothell, WA 98012

Email - send message with the following:
Parent name, child name, grade & school,
contact numbers. Please bring forms
and check with you to clinic by 8:45am!
(206) 972-9503 or wbrown1108@frontier.com

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in the 2015 Lynnwood High School Girls Soccer Clinic, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the sport of soccer entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being.
_____ (Parent initial)
2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition.
_____ (Parent initial)

Medical Information

The following special health problems should be noted: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Edmonds School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Edmonds School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office, head coach, or school athletic trainer for information.

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Although I understand that the Edmonds School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give

permission for _____ who attends _____ to
(Student) (School)

participate in the 2015 Lynnwood High School Girls Soccer Clinic, Friday, May 15, 2015, for the purpose of practicing fundamental soccer skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Home Phone _____
(please print)

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____