

Green Valley High School
Youth Soccer Clinic
2009

Participants Name: _____

Age: _____

Grade level during the 2008-09 school year: _____

Gender: _____

T-shirt size: _____ (indicate youth or adult size)

Emergency Contact: _____

Emergency Contact Numbers: _____

Health Restrictions: _____

Playing experience: (please circle the level of experience that best fits your child)

1. No previous soccer experience
2. Plays recreational youth soccer
3. Plays competitive club soccer

I _____ (please print parent name) give my permission for my son/daughter to attend the GVHS Youth Soccer Clinic on August 6, 7, and 8, 2009.

(Parental signature)