

Melrose Recreation Department and Melrose Youth Soccer

Are proud to sponsor a

Summer Soccer Clinic

Girls & Boys Ages U-10, U-12 and U-14

Under the Direction of Melrose High School Girl's Soccer Coaches

Bill DeSimone- Rick Siebert

Danielle DeSimone– Sue Tremonte

Assisted by Past and Present Lady Raider soccer players

This program is designed to develop the basic soccer skills in the young player. The instructors will introduce new and unique training activities that will be both fun and challenging to the players.

Dates: MONDAY JULY 14th thru FRIDAY JULY 18th

Times: 5:00 pm to 7:30 pm

Location: Pine Banks Turf Soccer Field

Cost: \$100.00

Registration- Medical Release Form and Check

(Payable to Melrose Recreation Department)

Must be received by no later than MONDAY JULY 7TH

Mail to:

Melrose Recreation Department

100 Slayton Rd.

Melrose, MA 02176



**Melrose Recreation Department -Melrose Youth Soccer
Registration-Medical Consent Form
Boys & Girls Summer Soccer Skills Clinic 2008**

NAME: _____
ADDRESS: _____
CITY: _____ **ST:** _____ **ZIP:** _____
HOME PHONE: _____
CELL PHONE: _____

Participants will be divided into (3) Age Groups: Check One
Under 10 (Age 10 after 8/1/08) _____
Under 12 (Age 12 after 8/1/08) _____
Under 14 (Age 14 after 8/1/08) _____

Participants are required to bring the following;

- Soccer Cleats or Turf Shoes
- Shin Pads
- #5 Soccer Ball for Age U-14
- # 4 Soccer Ball for Ages U-10 and U-12
- Water or Sports Drink and Sunscreen

MEDICAL CONSENT

I, (print name) _____
 Parent/Guardian, of (print athlete's name): _____ give permission to
 Melrose Youth Soccer and its staff members to seek any treatment regarding the health and well-being of
 my son/daughter. I realize that by giving consent for proper care I am giving permission for hospitalization
 when necessary at an accredited hospital.

Signature: _____ Date: _____

Please list any current health conditions, issues or medications being taken:

I agree to hold harmless the Melrose Recreation department and/or its employees for claims or liability related to any accident that
 may occur. I give my permission for medical treatment to be given to the participant if the need arises.

Signature: _____ Date: _____

WE PROMISE YOU AN ENJOYABLE EXPERIENCE