

**St. Sebastian Soccer Skills Academy Registration  
FALL SEASON 2011**

**Ages:**

Preschool and Kindergarten children, ages 4 (by Sept. 15<sup>th</sup>) and up

**Requirements:**

Fee is \$15 per child or \$20 per family. Shirts will be provided and are the child's to keep at the end of the season. Any extra funds will be used for new equipment and goal replacement.

**Required Gear:**

Shin guards are a must for all clinic sessions. Optional gear: Soccer shoes and soccer ball (size #3)

**Where:**

St Sebastian's Z Hall Field, one night per week and Saturday mornings. Time and specific day to be determined.

**All clinic sessions are about 1 hour, rain or shine**

**If you have any questions, please call Jennifer Puglia 330-835-1338**

*All fees and registration forms **must** be turned in by Saturday, August 27<sup>th</sup>, 2011*

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*Please fill out and return this form completely.*

*Make checks payable to **St. Sebastian Booster Club***

**Please drop off to school office marked soccer registration ATTN. Jennifer Puglia/  
St. Sebastian Soccer Club or mail to Jennifer at 138 S. Pershing Ave. Akron, OH  
44313**

*Please print clearly. Without this form properly filled out your child will not be eligible to play.*

Fee paid Yes / No    Cash \_\_\_\_\_    Check # \_\_\_\_\_  
NAME \_\_\_\_\_    Birthdate \_\_\_\_\_    Age \_\_\_\_\_    Grade \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_    Cell number \_\_\_\_\_  
BOY    GIRL    E-mail address \_\_\_\_\_  
Parent/Guardian's names (print clearly) \_\_\_\_\_

**Yes, I will volunteer (please circle one) Head coaching    Asst. coaching    Referee**

Name \_\_\_\_\_    Phone # \_\_\_\_\_

*We need volunteers to make this program a successful experience for each child. Please take an active interest. Thank you for your support.*

**CONSENT FOR MEDICAL TREATMENT (MINOR CARE)**

As a parent or legal guardian of the above named player, I hereby give consent for emergency 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. Signature of parent or guardian \_\_\_\_\_

Address: \_\_\_\_\_