



CHELSEA HS YOUTH SOCCER CLINIC

Ages K—6th grade

SUNDAY, JANUARY 21, 2018 (2:30 PM—5:30 PM)

CHELSEA HS SOCCER FIELD

DIRECTED BY HEAD COACHES LEE MILLER AND JONATHAN HAMMETT

CONTACT: WMILLER@SHELBYED.ORG OR 205-354-3793



\$25 per child— includes a Zaxby's chicken finger meal & a clinic t-shirt

Send payment to:
Chelsea High School (Attn Soccer Coaches)
10510 Hwy 11
Chelsea, AL 35043
(Make checks payable to Chelsea HS)

Complete the form below.

Camper Name: First _____ Last: _____

Gender: _____ Grade: _____ School: _____ T-shirt size _____

Parent Name: _____ Phone #: _____

Child's Health Insurance Provider: _____ Policy Holder: _____

Waiver: I _____, hereby give permission for my child to participate in the Chelsea HS Youth Soccer Clinic, and I understand the inherent health and injury risks that are involved with such participation. I certify that my child has adequate health insurance, and I will not hold Chelsea HS, its coaches and staff, its volunteers, or the Shelby County Schools, or any of its agents liable for any injuries or health issues that occur due to my child's participation in this event. I also hereby give my consent to have the above applicant treated by emergency medical personnel, a physician, or surgeon, in case of sudden illness or injury while participating in the above activity. It is understood that Chelsea HS will provide no medical insurance for such treatment, and that the cost thereof will be at my expense.

Parent/Guardian Signature: _____ Date: _____