

SPORTS & MORE PEE WEE SOCCER CLINIC REGISTRATION FORM

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Name: _____

Home Phone: _____ Cell: _____

Email: _____

Birth Date: _____ Gender: Male Female

Age of Player: _____

Pee Wee Soccer Classes:

Monday & Wednesday 1-1:45pm _____

Tuesday 5:15-6:00pm (7 weeks) _____

Emergency Contact name and number: _____

Special needs/additional information: _____

I hereby give permission for my child to participate in Sports & More Summer Soccer Camps and certify that he/she is physically fit and that Sports & More, It's Coaches will not be held responsible for any accidents or injury during the course of the soccer camp.

Parent Signature: _____

Date: _____

Please sign the registration form and return with payment (checks made payable to "Sports & More") or mail to: Sports & More, Attn: Volleyball Clinic, 1855 Hurffville Rd, Sewell, NJ 08080.

Information call: 856.401.8111 ext. 206 via Email: youthsports@sportsandmorefun.com



