

2016 MRSC WINTER CLINIC SUB JUNIOR REGISTRATION FORM

U8 -U10 Age group

Tuesday June 28th 2016,
9:00am-3:30pm, morning tea & lunch provided

Player's name: _____ Age group: _____ Birth Date: _____

Player's Monbulk Rangers team if applicable: _____

Emergency Contact: _____

Tel: _____ Mobile: _____

Email: _____

In case of emergency, accident or illness involving my child, I give permission for one of the Monbulk Rangers Soccer Club organisers present, to seek medical attention and I agree to pay any costs incurred.

SIGNED: _____ Date: _____

Venue: Monbulk Reserve Moores Rd Monbulk

Cost: \$50 for 1st child
\$40 for extra siblings.

Email to: winterclinic@monbulkrangers.org.au

Mail to: MRSC PO Box 127 Monbulk 3793

Club Use Only:

Amount Paid: _____

Date: _____

Signed: _____

Session times: (30 minutes each)

9:15-9:45, 9:45-10:15, 10:15-10:45,

Morning Tea

11:00-11:30, 11:30-12:00, 12:00-12:30,

Lunch

World Cup → 1:15-3:30