

2017 MRSC WINTER CLINIC JUNIOR REGISTRATION FORM

U11 -U16 Age group

Wednesday July 5th 2017

10:00am to 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 Regional Soccer Facility,
121 Old Emerald Road, Monbulk

Cost: \$50 / day for 1st child
\$40 / day 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 minute sessions)
10:15-10:45, 10:45-11:15,
Morning Tea,
11:30-12:00, 12:00-12:30, 12:30-13:00,
Lunch,
13:30-14:00
World Cup → 14:00-15:30