

# 2017 MRSC WINTER CLINIC SUB JUNIOR REGISTRATION FORM

U7-U10 Age group

Tuesday July 4<sup>th</sup> 2017,  
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 Regional Soccer Facility,  
121 Old Emerald Road, Monbulk

Cost: \$50 for 1<sup>st</sup> child  
\$40 for extra siblings.

Email to: [winterclinic@monbulkrangers.org.au](mailto: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