

# **Summer Soccer Tots**

**3 and 4 yr olds**

**JULY 5th-9th  
THOMPSON PARK, UPPER ARLINGTON  
9:00AM-10:00am  
\$75**

**PLEASE MAIL COMPLETED APPLICATION AND CHECK TO:**

**THE SUMMER SOCCER SCHOOL-Tots  
6899 Muirfield Drive  
DUBLIN, OH 43017**

**PLEASE MAKE CHECKS**

**PAYABLE TO:**

**Shane Woodruff**

**Questions: contact us at [opwoody@yahoo.com](mailto:opwoody@yahoo.com) or 614-378-7471**

NAME: \_\_\_\_\_ AGE \_\_\_\_\_ SEX \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

HOME NUMBER: \_\_\_\_\_

CELLPHONE: \_\_\_\_\_

EMERGENCY  
CONTACT: \_\_\_\_\_

**PLEASE READ AND SIGN AND DATE BELOW: The undersigned Parent or Guardian of the participant(s) listed above acknowledges and fully understands that each participant will engage in activities that involve risks including the risk of bodily injury or property damage. The undersigned assumes all risks and hereby releases, discharges, and agrees to hold harmless the Summer Soccer School, its instructors, the City of Upper Arlington, the City of Dublin, and Ohio**

**Premier from any and all liability related to injury or damage arising from participation in the Summer Soccer School.**

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_