

JUNIOR SOCCER SCHOOL
5 and 6 yr olds

JULY 5th-9th
THOMPSON PARK, UPPER ARLINGTON
10:00AM-12PM
\$100

PLEASE MAIL COMPLETED APPLICATION AND CHECK TO:
THE SUMMER SOCCER SCHOOL
6899 Muirfield Dr
DUBLIN, OH 43017

PLEASE MAKE CHECKS

PAYABLE TO:

Shane Woodruff

Questions: contact us at 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: _____