

**EASTHAMPTON HIGH SCHOOL**  
**SOCCER CLINIC**  
PARTICIPANT REGISTRATION/INFORMATION

Name & Age: \_\_\_\_\_

Grade for 2011-12: \_\_\_\_\_

Parent's/Guardian's Name: \_\_\_\_\_

2<sup>nd</sup> Parent's Name: \_\_\_\_\_

Parent's/Guardian's Address: \_\_\_\_\_

2<sup>nd</sup> Parent's Address: \_\_\_\_\_

Parent's Phone #: \_\_\_\_\_ Parent's Cell Phone #: \_\_\_\_\_

2<sup>nd</sup> Parent's Phone#: \_\_\_\_\_ 2<sup>nd</sup> Parent's Cell Phone #: \_\_\_\_\_

Doctor's Name & Phone #: \_\_\_\_\_

Medical Insurance Co.: \_\_\_\_\_

Policy #: \_\_\_\_\_

Person to contact in case of emergency: \_\_\_\_\_

Their Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Allergies: \_\_\_\_\_

Health Issues: \_\_\_\_\_

Medication Issues: \_\_\_\_\_

Shirt size:    Small            Medium            Large            Xtra  
Child  
Adult

I give permission for my child to participate in the soccer clinic.

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Parent's Signature

Date

Return form and check by June 24th to:

**David Lauchmen, 21 Summer St., Easthampton, MA 01027**