

Strikers F.C - Winter/Spring 2012

Ages 9 to 12

ClassTotal
Receipt #

IMPORTANT - PLEASE READ!: Limited enrollment - first come first serve. We must have a completed permission slip before a child can be signed up to participate. Staff reserves the right to prohibit a child from participating in event based on behavioral or disciplinary concerns.

PLEASE PUT A CHECK NEXT TO THE SESSION(S) YOUR CHILD WISHES TO PARTICIPATE

Date	Event	Fee	Day & Time	Comments
Feb-May	<input type="checkbox"/> Strikers F.C - Ages 9 to 12	\$30 (includes jersey)	Mon 3:30-4:30pm	Practices begin Jan 30th Games held late Feb thru May Sign up by Feb 3rd!

Child's Name _____ Age _____

Special Instr. _____

Address _____ Phone _____

City _____ Zip Code _____

Emer. Contact _____ Phone _____

Alt. Contact _____ Phone _____

I hereby give my son/daughter/charge, permission to participate in this Boys & Girls Club's activity. In the event of an emergency, and I cannot be reached, I give my permission to the Boys & Girls Club of Simi Valley, and/or it's agents. to obtain whatever medical assistance is necessary at my expense.

I, _____ being parent, guardian or other person entitled to legal custody of, _____, a minor child, do hereby authorize the Boys & Girls Club of Simi Valley, into whose care I have entrusted said minor child to any X-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor child under the general or specific supervision and upon the advice of a physician and surgeon licensed under the provision of the Medicine Practice Act, or to consent to an X-ray, examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Parent or Guardian: _____ Date: _____

Doctor: _____ Phone: _____

Insurance Company: _____ Policy Number: _____