# MANSFIELD HS SOCCER CLINIC

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| When: | **Sunday, October 19th (rain or shine)** |
| Who: | **Mansfield Children Ages U9 to U14** |
| Time: | **5 pm to 7 pm** |
| Where: | **Mansfield HS Alumni Field (Turf)** |
| What to Bring: | **Soccer Ball, light and dark T shirts** |
| Cost: | **$25 per player, max $40 per family** |
| Limit: | **First 125 Registrants** |

**Registration Form**

Name: _____ Age: _____

Address: _____ Home Phone _____

Emergency Name and Phone (5 pm to 7 pm) _____

The above named player has my permission to participate in the Mansfield HS Soccer Clinic. I understand that there is a risk of injury in soccer and hereby release and hold harmless the Town of Mansfield, Mansfield HS, the camp directors or any of its staff for any and all claims as a result of participation in this clinic.

Signature of Parent or Guardian: _____

Printed Name of Parent or Guardian: _____

Please make check payable to **Mansfield Youth Soccer Association**
Advance Registration: Mail this form and payment to
Donna Dowd 7 Langley Drive, Mansfield MA 02048

A registration tent will also be at the Field and open at 4 pm

***Thank You For Supporting Mansfield HS Athletics - Boys Soccer Team***