

TEAM OHIO FC JUNIORS



NAME: _____

ADDRESS: _____

PHONE #: _____ EMAIL: _____

DATE OF BIRTH: _____ SCHOOL: _____

PARENTS NAMES: _____

EMERGENCY CONTACT NAME AND PHONE #: _____

MEDICAL CONCERNS: _____

Please circle the program(s) you are signing up for:

Winter 2009 – Session 1 - \$75
Sundays from 2-3pm at Soccer First
November 1 – December 13

Winter 2010 – Session 3 - \$75
Sundays from 2-3pm at Soccer First
February 14 – March 21

Winter 2010 – Session 2 - \$75
Sundays from 2-3pm at Soccer First
January 3 – February 17

Please enclose a check made payable to Team Ohio FC and mail this form to:

Gerry D'Arcy
6587 Henschen Circle
Westerville, OH 43082

I hereby agree to release Team Ohio FC or any other related person, its officers, directors, coaches, administrators, sponsors and agents from any and all loss, liability, or damage arising from my child's participation in the Team Ohio FC Juniors.

PARENT SIGNATURE: _____ DATE: _____

