

The Captains of the Sharon High School Girls Varsity Soccer Team, under direction of head coach Rachel Thomas, are once again inviting all 6th, 7th, and 8th grade girls to participate in a soccer clinic to be held at the Middle School on the following dates:

Friday April 27

Friday May 4

Friday May 11

Friday May 18

The clinic will run from 3pm to 4:30, weather permitting, on the football field at the Middle School. Cleats and shinguards will be required for safety; mouthguards are recommended. Parents must arrange for prompt pick-up of their child at the end of each session. The cost of the program is \$20. The deadline to register to ensure a spot is 04/01. Limited signed registrations will be accepted at the field, space permitting. Please contact Sue Daley at 784-2746 or by email at 5daley5@verizon.net to confirm your spot. Registration forms can be dropped off or mailed to Sue Daley, 11 Horizons Rd

I, _____, parent/guardian of registrant _____, give my permission for my daughter to participate in the above-mentioned soccer clinic. I recognize the possibility of physical injury associated with soccer. I hereby release, discharge, and/or otherwise indemnify Rachel Thomas, those dka 'the captains,' the Sharon Soccer Assn., the Sharon Middle School, the Town of Sharon, and all affiliated personnel including owners of the fields and facilities utilized by the Program, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Program.

Parent/guardian signature _____ date _____

In the event of emergency I can be reached at :
