

ST. BENILDE ATHLETIC DEPARTMENT

1st - 3rd SOCCER CLINIC Students will learn age appropriate soccer skills and fun games to develop their eye/hand coordination and team work. Practice will start on Wednesday, March 7 and end on April 11. Regular practices are Mondays and Wednesdays from 3:15 - 4:30 p.m. Space is limited to 16 players. Students will go to the cafeteria after dismissal and must wait for Coach Carlos to get them. Students may bring their own soccer ball (grades 1-2 size # 3) (3rd grade sizes # 4). The total cost is \$55.00 (including a SBS soccer t-shirt) and will be deducted from your FACTS account. Please return the form below by March 5th. Parents are asked to come pick up their child at 4:30 by the soccer field. Students will be sent to aftercare if their parent does not arrive on time and they will be charged for this service.

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PARENT/GUARDIAN CONSENT FORM

STUDENT'S NAME: _____ GRADE: _____

CONTACT PHONE # CELL: _____ HOME: _____ EMER: _____

ATHLETIC T-SHIRT YOUTH SIZES: _____

Please take the amount of \$ _____ from my FACTS payment _____ (Parent approval)

WAIVER STATEMENT FOR YOUR REGISTRATION

I, the parent/guardian of the registrant, agree that the registrant and I will follow the rules of the student handbook/athletic program. Recognizing the possibility of physical injury associated with this sport, I hereby release, hold harmless and agree to indemnify, St. Benilde school/parish and the Archdiocese of New Orleans and their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of the fields and facilities used for this programs, from any and all liability of every nature, kind and description as a result of any injuries, illness, hurt or damage sustained by registrant as a result of his/her participation in this program and /or being transported to or from the same.

PARENTS/GUARDIANS NAME: _____

Parent signature: _____ Date: _____