

# Soccer Clinic

Sunday, May 23  
West Valley High School



West Valley High School Varsity  
Boys Soccer Team is hosting a:  
**CO-ED Youth Soccer Clinic!**

- Ages 7 thru 9 12:30-2:30pm
- Ages 10 thru 14 2:30-4:30pm

Come Learn some **cool tricks** and techniques  
from the Boys West Valley Soccer Team!

**Join the Fun** --Kick Off Summer with a Bang!

*All Proceeds go towards WVHS Boys Soccer Boosters.  
Clinic is put on by Soccer Boosters Club  
and IS NOT an official school activity.*

**Registration  
Only \$20!**

Register at Beaver Sports Or Play it Again Sports **Or** Mail Registration to:  
West Valley Boys Soccer Boosters, PO Box 81002, 99708.  
Make Checks for \$20 Payable to West Valley Soccer Boosters.

Siblings registered in clinic are discounted \$5 for each sibling (eg. \$35 for 2 etc.).  
Late registration (day of event) will be allowed for \$25 per player.

**Contact Karen at 999-9999 for further information**



*WEST VALLEY BOYS SOCCER CLINIC  
REGISTRATION FORM*

*Sunday May 23, 2010 West Valley Soccer Field (behind school)*

• AGES 7-9 12:30-2:30 PM; • AGES 10-14 2:30-4:30 PM; • COST: \$20 [\$25 day of clinic]

**PLAYER INFORMATION:**

NAME: \_\_\_\_\_

MAILING  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

**IMPORTANT:** I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the Fairbanks North Star Borough School District and its affiliated organizations. I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify, Fairbanks NorthStar Borough School District, the West Valley Boys Soccer Boosters and West Valley School, the owners and operators of the facilities used for the Programs and their respective directors, officers, employees, and agents and representatives from and against all claims, liabilities, damages, or causes of action arising out of or in connection with player's participation in the clinic including, without limitation, player's transportation to/from the clinic.

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

MAIL TO:  
WEST VALLEY BOYS SOCCER BOOSTERS  
PO BOX 81002, FBS, AK 99708

POSTMARKED BY: MAY 19TH!  
OR, DROP OFF AT: BEAVER SPORTS OR PLAY IT AGAIN SPORTS BY MAY 21  
MAKE CHECKS in the amount of \$20.00 (\$25--day of clinic) PAYABLE TO: WEST VALLEY BOYS SOCCER BOOSTERS