



SOCCER CLINIC

Coach Childress will be conducting soccer clinics for Riverside students. The first set of clinics are:

Main Building Students:

April 16th from 2:15 - 3:30 pm April 23rd from 2:15 - 3:30 pm April 30th from 2:15 - 3:30 pm

The first 12 students to return their soccer release form on the back of this information sheet, along with the \$35 activity fee, will reserve their spot. If paying by check, please make checks payable to Riverside School. As in the past, our focus is centered on learning teamwork and soccer skills, encouraging full participation, and having FUN!

Participants will need to bring the following items:

- □ Change of clothes
- Cleats if available
- Water bottle
- Soccer ball if your child wants to bring their own

Pickup after practice will be at the Ticer building (stairs). Use the Quaker Lane entrance and follow the track to loop around. Any questions? Please contact Coach Childress at cchildress@riversideschool.org

SOCCER RELEASE FORM

Spring 2021

I understand there are certain risks inherent in the participation of sports, and I am willing to assume these risks. In addition to giving full consent for my child's participation, I do hereby waive, release and hold harmless Riverside School, it's officers, coaches, and employees for an injury that may be suffered by my child in the normal course of the participation of the soccer activities incidental thereto, whether the results of negligence or any other cause.

Signature of Parent/Guardian: ______Date: ______Date: ______

I hereby give my permission for any and all medical attention necessary to be administered to my child,

Child's Name

Date of Birth

In the event of accident, injury, sickness, etc., under the direction of the person(s) listed below, until such time as I may be contacted, this release is effective for a period of one year from the date given below. I also assume the responsibility for the payment of any such treatment, including, but not limited to transportation for required treatment.

Parent/Guardian:	Relationship:	
Address:		
	Cell Phone:	
E-Mail:		
Name of Insurance Company:		-
Policy #:	Group #	
In case I cannot be reached, I give per on my behalf.	mission to the Coach, Team Parent, or School I)esignee, to act
Doctor's Name:		
Hospital:		
Known Allergies:		
Other Important Medical Information:		
 Signature of Parent/Guardian:	Date:	