



Technical and Tactical Soccer Clinics Individual Application

Please make all checks payable and mail to:

Technical and Tactical Soccer Clinics
11978 Streamside Drive Loveland, OH 45140
(513) 683-6506 rawlings@tandtssoccer.com

PLEASE PRINT ALL INFORMATION:

Name _____ Age _____

Birth Date _____ Circle: M F Email Address _____
MM/DD/YY

Parents _____

Address _____

City _____ State _____ Zip _____ Home Phone _____

Soccer Experience _____

Check Shirt Size (indiv. only) YL _____ AS _____ AM _____ AL _____ AXL _____

Optional: Kelme Soccer Balls - \$15 each (balls must be ordered in advance) Circle one: Size 4 Size 5

Camp Location (see www.tandtssoccer.com/schedule.html): _____

Camp Date: _____

Camp Price: \$ _____

Add additional \$15 for each ball ordered \$ _____

Total (cash/check/money order enclosed) \$ _____

WAIVER/RELEASE FORM

I hereby authorize the directors of the Tand T Soccer Clinics to act for me according to their best judgment in any emergency requiring medical attention. I waive and release the camps and camp directors and employees from any injuries and/or illness incurred in this program.

Parent/Guardian Signature _____ Date _____