



## PLAY FOR FUN AND LEARN HOW TO PLAY

JOIN THE (SYSA) BENGALS YOUTH SOCCER TEAM

BOYS and GIRLS AGES 6-19 **SIGN UP NOW**

LEARN AN INTERNATIONAL SPORT

SCHOLARSHIPS AVAILABLE PLAY FREE

**\*\*\*PARENTS MUST SIGN THE FORM & ATTEND INFORMATION SESSION**

PRACTICES ON SATURDAYS AT FAIRINGTON PARK Starting 8am

CHILDREN PRACTICE ACCORDING TO AGE \***DEADLINE TO SIGN UP April 29**

Child's Name: \_\_\_\_\_ Last \_\_\_\_\_

Child's DOB: \_\_\_\_\_ Age: \_\_\_\_\_ ( ) Female ( ) Male

Childs: School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ Complex: \_\_\_\_\_

**Parent Email :** \_\_\_\_\_

Emergency/2nd Contact Name: \_\_\_\_\_

Phone \_\_\_\_\_ How related: \_\_\_\_\_

I herby give permission for my child to practice and play soccer under the **Healing Hearts/Cariblanta Soccer Program. Stonecrest Youth Soccer Association (SYSA)**

I will attend -( ) at least one practice ( ) at least one or more games.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Ph: \_\_\_\_\_

**\* ONE FORM PER CHILD REQUIRED \* Parent herby release coaches and staff from injury liability for practice and playing soccer. Email -stonecrestsya@gmail.com**

**www.healingheartusa.org 404-289-5277 Fax 404-890-5644**



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