



GRFC/DOS “Finishing School 101”

This is a five-session clinic designed for players that want, need & love to score goals! Each group will have about 10-15 “finishers” (with instruction provided by Dan Drew, Leighton O’Brien & Keith Larson). This is a great opportunity for specialized, small group instruction, held during our current season. The clinics will be held at Starfire, with a cost of **\$101** for the full five sessions. Come join the last GRFC/DOS camp/clinic before tryouts for the new Pacific Northwest Soccer Club!!!

Schedule

<u>Date & Time</u>	<u>Field</u>
Friday, Feb 24 th U10-U12: 6:00-7:00 PM U13-U18: 7:00-8:00 PM	Starfire Field #2
Friday, March 2 nd U10-U12: 6:00-7:00 PM U13-U18: 7:00-8:00 PM	Starfire Field #2
Friday, March 9 th U10-U12: 6:00-7:00 PM U13-U18: 7:00-8:00 PM	Starfire Field #2
Friday March 16 th U10-U12: 6:00-7:00 PM U13-U18: 7:00-8:00 PM	Starfire Field #1
Friday March 23 rd U10-U12: 6:00-7:00 PM U13- U18: 7:00-8:00 PM	Starfire Field #2

Go to <http://greaterrentonfc.org/>, select Bonzi Online Registration on the left, and then select the blue button at the bottom. This takes you to another site, where you select Finishing School Fall 2012. Follow the steps to register your child.

Payment will be by check mailed to our PO Box, or return to <http://greaterrentonfc.org/> & select Player Payments on the left to pay by credit card at PayPal.

Please complete the registration form sent to your email address, or print the following page (registration & medical release), & bring either to your first session.

REGISTRATION FOR 2012 FINISHING SCHOOL

Questions? Contact the club Registrar at richardhturner@eaton.com, or 425-271-3876. Form also available at <http://www.greaterrentonfc.org/>.

APPLICATION

Name: _____ Gender/Age: ___/U___ Team: _____

Parent/Guardian: _____ Address: _____

Phone: _____

Emergency Contact: _____

Phone: _____

TERMS OF REGISTRATION

As the parent/guardian of the above named registrant, a minor, I agree that the registrant & I will abide by the rules of the USYSA, its affiliated organizations & sponsors. Recognizing the possibility of physical injury associated with soccer & in consideration for the USYSA accepting the registrant for its soccer programs & activities, I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations & sponsors, their employees & the registrant's participation in the Programs, and/or being transported to or from the same, which transportation I hereby authorize.

I have read, understand and agree to the above Terms of Registration:

Name (Please Print): _____ Signature: _____ Date _____

CONSENT FOR MEDICAL TREATMENT OF A MINOR

As the parent/guardian of the above-named registrant, a minor, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well being of my dependent.

I have read, understand and agree to the above Terms of Registration:

Name (Please Print): _____ Signature: _____ Date _____