

WOPAL MUSTANGS FOOTBALL

\$20

JOIN THE **WEST ORANGE PAL FOOTBALL CLINIC** TO FOCUS ON YOUR SKILLS TO GET READY FOR PRACTICE IN AUGUST AND THE 2017 SEASON!

**THE CLINIC CONSISTS OF 4 DATES:
9AM-11AM AT WOHS FOOTBALL FIELD**

- SATURDAY JUNE 10
- SATURDAY JUNE 24
- SATURDAY JULY 8
- SATURDAY JULY 22

**OPEN TO ALL WEST ORANGE
RESIDENTS AGES 7-14**

\$175 EARLY REGISTRATION:

SIGN UP FOR THE SEASON TO ATTEND THE CLINIC FOR FREE

BRING A NEW PLAYER:

SIGN UP FOR THE CLINIC WITH A NEW PLAYER TO RECEIVE \$10 OFF SEASON REGISTRATION

IMPORTANT DATES:

Season Registration Deadline : JULY 23

Equipment Issue: JULY 29-31

Practice Begins: AUGUST 1



COMPLETE AND BRING WITH YOU TO THE CLINIC
WO PAL CONSENT & WAIVER FORM: PROGRAM - FOOTBALL CLINIC



Child's Name: _____ DOB: ____/____/____

School Child Attends: _____ GRADE: _____

Address: _____

Parent #1: _____ Work/Cell Phone: _____

Best Email: _____

Parent #2: _____ Work/Cell Phone: _____

Best Email: _____

Emergency Contact Name: _____ Best Phone#: _____

I give my permission for my child to participate in the WO PAL program designated above. I verify that the applicant is in good health and able to participate in vigorous activities. I hereby release the West Orange PAL, WO Board of Ed, the Township of WO, their organizations, servants, officers, volunteer affiliates and employees from any and all claims of action whatsoever arising out of participation in the above designated program. I understand that the parent and/or guardian is solely responsible for accidental, medical or dental expenses incurred as a result in participation in the above designated program. In the event of illness or injury to the applicant, I grant program staff permission to provide emergency medical care.
THERE ARE NO REFUNDS ONCE THE CLINIC BEGINS.

PARENT/GUARDIAN SIGNATURE: X _____ DATE: ____/____/____