



Soccer & Sports Club LLC  
**ALL PRO SPORTS CENTER**  
**WOMEN'S OVER 30's SOCCER CLINIC**  
**WEEK COMMENCING: TUESDAY 6<sup>TH</sup> NOVEMBER 2007**

We would like to invite you to sign up for the next session of WOMEN'S OVER 30s SOCCER CLINIC at the **All Pro Sports Center**, on the West River Road, Waterville.

Come and play on the next generation of turf indoor fields OR our new lush green grass outdoor field.

You are *never too old* to kick that ball!! Join the Women's over 30s Soccer Clinic, for fun drills and a game every Tuesday evening.

Meet new friends and get an insight into the game of soccer that your kids play!!

All abilities welcome! Sign up soon to avoid disappointment

This program is commencing: Tuesday 6<sup>th</sup> November 2007.

**To take place on: Tuesday: 7.00pm – 8.00pm: Over 30!**

The cost is **\$10 per session.**

*PLEASE NOTE: Any returned checks will be subject to \$25 administration charge*

For further information please visit our website: [www.allprosportscenter.com](http://www.allprosportscenter.com). Alternatively, if you have any queries, please do not hesitate to contact us at [info@allprosportscenter.com](mailto:info@allprosportscenter.com), or on 207-877 6666.

**Keep this part and put on your notice board!!**



**ALL PRO SPORTS CENTER**  
**WOMEN'S OVER 30s SOCCER REGISTRATION FORM**  
**SESSION ONE: WEEK COMMENCING 6<sup>TH</sup> NOVEMBER 2007**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_

I wish to attend the **Women's Over 30s Soccer Clinic session**

Phone: \_\_\_\_\_ DoB: \_\_\_\_\_

Email Address: \_\_\_\_\_

List any medical problems/conditions or Prohibitions: \_\_\_\_\_

Person to notify in an emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

**IMPORTANT:**

I, the registrant, agree that I will abide by the rules of the All Pro Sports Center (APSC). Recognizing the possibility of physical injury associated with soccer and in consideration for APSC accepting the registrant for this soccer program, I hereby release, discharge and/or otherwise indemnify APSC, its affiliated organizations and sponsors, their volunteers, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Name (please print): \_\_\_\_\_

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

**Consent for Medical Treatment**

As the registrant, 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 the life, limb or well being of Myself.

Signature of parent/legal guardian: \_\_\_\_\_



**Send this part and the fee to the "All Pro Sports Center", 161, West River Road, Waterville, ME 04901**