

PLAY FOR FUN AND LEARN HOW TO PLAY

JOIN THE (SYSA) TIGERS YOUTH SOCCER TEAM



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

LEARN AN INTERNATIONAL SPORT

SCHOLARSHIPS AVAILABLE PLAY FREE

*****PARENTS OR GUARDIANS MUST SIGN THE FORM AND ATTEND INFORMATION SESSION**

PRACTICES ON SATURDAYS AT FAIRINGTON PARK

CHILDREN PRACTICE ACCORDING TO AGE

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 hereby 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.P

Signature: _____

Date: _____ Ph: _____

**** ONE FORM PER CHILD REQUIRED * Parent hereby release coaches and staff from injury liability for practice and playing youth soccer.**

www.healingheartsusa.org 404-289-5277

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