



RETURN COMPLETED REGISTRATION FORM(S) BY **FRIDAY, APRIL 22, 2011**, TO:  
(Please complete a separate form for each person registering. Feel free to duplicate this form. One check may accompany any number of registrations.)

**COACH TREY WOODBERRY, CLINIC DIRECTOR  
WEST FLORENCE HIGH SCHOOL  
221 NORTH BELTLINE DRIVE  
FLORENCE, SC 29501-7414**

MAKE CHECKS FOR \$50 (OR \$40 FOR SNAPPERS) PAYABLE TO: **CAROL WHITE KICKING CLINIC**

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NAME \_\_\_\_\_ NICKNAME \_\_\_\_\_

                    Last                      First                      Middle

ADDRESS \_\_\_\_\_

                    Street                                      City                      State                      Zip Code

SCHOOL \_\_\_\_\_ SCHOOL LOCATION \_\_\_\_\_

FOOTBALL COACH \_\_\_\_\_ COUNTY \_\_\_\_\_

GRADE IN 2011-2012 \_\_\_\_\_ AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

BIRTHDATE \_\_\_\_\_ SOCIAL SECURITY NUMBER \_\_\_\_\_

PARENTS' NAMES \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_

HOME PHONE (\_\_\_\_\_) \_\_\_\_\_ BUSINESS PHONE (\_\_\_\_\_) \_\_\_\_\_

CELL PHONE (\_\_\_\_\_) \_\_\_\_\_ CAMPER'S CELL PHONE (\_\_\_\_\_) \_\_\_\_\_

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PLEASE INDICATE **ONE (1) PREFERENCE** FOR STUDY ON **SATURDAY, APRIL 30, 2011**:

\_\_\_\_\_ SOCCER-STYLE PLACEKICKING

\_\_\_\_\_ CONVENTIONAL (STRAIGHT-ON) PLACEKICKING

\_\_\_\_\_ PUNTING

\_\_\_\_\_ SNAPPING

RIGHT-FOOTED or LEFT-FOOTED? \_\_\_\_\_ YEARS OF FOOTBALL EXPERIENCE \_\_\_\_\_

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I, the undersigned, do hereby assume responsibility for any accident or injury that may result from participation of the above named athlete in the Florence Area Kicking Clinic. I hereby remise, release, and forever discharge the Florence Area Kicking Clinic, their agents, sponsors, personnel, and West Florence High School and the Florence County School System from suits of law, of whatever kind or nature, regarding the above named participant.

INSURANCE COMPANY \_\_\_\_\_ POLICY NUMBER \_\_\_\_\_

PARENT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_