



National Girls and Women in Sports Day APPLICATION

Name (First) _____ (Last) _____

Grade _____ Birthdate _____ Age _____

Home Phone (____) _____ School _____

My daughter has permission to participate in the National Girls and Women in Sports Day Clinic. She is in good physical condition and she has not had a serious illness or operation since her last health exam on _____. If it is necessary for medical attention to be given to my child, she may have emergency medical attention at my expense. During the event, I may be reached at:

Phone (____) _____ Address _____

If I can not be reached in the event of an emergency, the following person is authorized to act on my behalf:

Name _____ Phone (____) _____

Relationship _____ Address _____

I hold harmless all event sponsors and the Pacific Women's Sports Foundation, San Diego City College, and San Diego City Schools from any liability, which may result from my daughter's participation in the activities involved in National Girls and Women in Sports Day on Saturday, March 3, 2007.

Signature of Parent/Guardian _____

Clinics may be held in the following areas: Basketball, Dance, Field Hockey, Soccer, Softball, Tennis, Track & Field, and Volleyball.

Have you attended this event before? Yes No

Please return your application to the teacher in charge of this event!

**APPLICATIONS will only be
accepted from schoolteachers.**

Teacher's Please Send To:

Attn: Irene Mello
San Diego City College
1313 Park Boulevard
San Diego, CA 92101