

# Rockets for the Community



**Event Information:**

**Date:** April 11, 2015

**Time:** 8 AM-12 PM. Registration will begin at 7:30 AM.

**Location:** Moon Valley High School  
3625 West Cactus Road  
Phoenix, AZ 85029

**Purpose:** Sports and Club Clinics

**Cost:** FREE!

Special Instructions: Bring permission slip day of event. Wear comfortable clothing and closed toed shoes.

*Save this part of the form for future reference.*

Cut here----- Cut here

*Sign this part of the form and bring it with you on the day of the event. .*

\_\_\_\_\_ has permission to attend the  
clinic event at Moon Valley High School on Saturday, April 11<sup>th</sup>, 2015 from 8AM-12PM.

I give my permission for \_\_\_\_\_ to receive  
emergency medical treatment. In an emergency, please contact:

**Parent Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Parent/Guardian Signature:**

\_\_\_\_\_

**Date:** \_\_\_\_\_