

FC Mini Soccer Stars
REGISTRATION FORM

Child's Name: _____ Child's Birthday: _____

Child's Nickname (if any): _____

Parent/Guardian Name(s): _____

Phone Number(s): _____

Email Address: _____

Emergency Contact: _____

Preferred Practice Day (check one): _____ Saturday _____ Sunday

Registration Fees: \$160 for 8 week program paid up front _____

OR \$25 per session, pay as you go _____

FC Mini Soccer Stars t-shirt (\$10), optional _____

Less Available Discounts:

Returning Participant (\$5) _____

Sibling (\$10 per addl child for 8 week program) _____

TOTAL _____

Please let us know if there are any health concerns, allergies, etc we should know about:

I, as parent or legal guardian for the above-named child, agree that my child can participate in a program of physical activity, including soccer lessons, under the guidance of Eyal Lalkin Segal. I understand that I should consult my child's doctor before engaging in this program and I represent that my child is in good health and able to participate in the contemplated physical activities. I acknowledge that I allow my child to participate in this program at my own risk and hereby release and hold Eyal Lalkin Segal harmless from all liability for all losses and injuries arising out of or related to my child's participation in these activities.

Signature: _____

Date: _____

