



## 2016/2017 Footskills Registration

Child's Name \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Parent Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Session Dates: (Circle One)

(1) Oct. 11 - Nov. 8    (2) Nov. 15 - Dec. 13    (3) Jan. 10 - Feb. 7    (4) Feb. 14 - Mar. 14

Class Level \_\_\_\_\_ Day \_\_\_\_\_ Time \_\_\_\_\_

<u>Class</u>	<u>Day</u>	<u>Time</u>
Level 1 (Ages 5-8)	Tuesday	5-6pm
Level 2 (Ages 9-12)	Tuesday	6-7pm

**\*\* Choose one class day, and time; Class meets once a week for 5 weeks \*\***

**Cost: \$65**

**(Registration fee must accompany the Activity Registration form.)**

Check # \_\_\_\_\_ Amount \_\_\_\_\_  
**(Make checks payable to Soccer Centre. There will be a \$20 fee on ALL returned checks.)**

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_  
**(Circle One: Master Card, Visa, Discover & Amex accepted) (3 digit)**

The undersigned agree and consent to assume all risks in connection with participation in activities of recreation and instruction at Soccer Centre, and release and discharge Soccer Centre from all claims, demands and damages for bodily injury to person and damages to property which may befall the herein named while participating in such activities, including all risks connected therewith, whether seen or unforeseen and further to save and hold harmless Soccer Centre first from any claim arising out of participation in such activities. **ALL FEES ARE NON-REFUNDABLE.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Soccer Centre: 1620 Market Place Dr. Maumee, Ohio 43537 (Phone: 419-893-5425, Fax 419-893-3656)**

Computer Code (office use only) \_\_\_\_\_ Staff Initial \_\_\_\_\_