



Soccer Registration Form (Classes start on February 1st, 2017)

This is a progressive soccer course that teaches ball control, 1 vs. 1 moves, change of direction, agility, and various advanced skills that are not taught to the recreational player. Instructors are state and nationally certified coaches. Each session will last for 60 minutes.

Class Dates: Wednesdays: 2/1, 2/8, 2/15, 2/22, 3/1, 3/8, 3/15, 3/22, 3/29, 4/12, 4/19, 4/26, 5/3

Class Start Time: 2:45pm, Pick-up 3:45pm

Players Name:	<input type="text"/>	Birth Date:	<input type="text"/>
School Attending:	<input type="text" value="Springdale Park Elementary"/>	Age:	<input type="text"/>
Parent/Guardian Name:	<input type="text"/>	City, State:	<input type="text"/>
Home Address:	<input type="text"/>	Cell Phone:	<input type="text"/>
Parent E-mail:	<input type="text"/>	T-shirt size:	<input type="text"/>

Has your child played organized soccer previously: Yes or No (Please circle correct response)

If yes for what organization(s): (List all that apply)

Please list all known medical issues, allergies, and restrictions:

Fees for Soccer Classes are:

\$235 per child for the 13 week program.

Registration deadline January 30th, 2017.

Total Class Fee: **\$235.00** (Includes T-shirt) Circle Size.....YS....YM.....YL.....AS....AM....AL

Leave all registration forms and payments with Kimberly Walker in the main office.

(Students should bring water, gym shoes and positive attitude to class weekly)

I would like a soccer ball for my child. (Add appropriate amount to Class Fee)

Custom Soccer Ball = \$12

Make Checks Payable To: Kid Goals.....Return this form and payment with AfterSchool SPARK forms to Kimberly Walker

Liability/Medical This is to certify that _____ has my permission to participate in "Kid Goals" soccer class. I the undersigned understand that I am responsible for the above registered student's fees and certify that they are physically able to participate in physical fitness activities. I authorize the course staff to act for me according to their best judgment in any medical emergency. I, the undersigned accept all risks associated with participation and understand that there is full possibility of serious physical injury or illness. I hereby covenant not to sue and waive, release and forever discharge any and all rights, claims for damages, which may arise now or in the future against the course directors, coaches, and support staff from any liability and for any and all damages and/or injuries which may be sustained or suffered by the person(s) listed above while participating in the "Kid Goals" soccer class. I further certify that the above camper has medical insurance in case of emergency. Additionally, I have no knowledge of any mental or physical conditions which may affect my son/daughter(s) ability to participate in all training activities.

My signature below indicates that I have read, understand, and will accept the above Waiver of Liability and Medical Release.

Parent/Guardian: Print	<input type="text"/>	Signature:	<input type="text"/>
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Visit us online at KIDGOALS.org or email kfrazier@kdgoals.com, or info@kdgoals.com

School Contact: Kimberly Walker - Leave all registration forms and payments with Kimberly Walker.

Check #	<input type="text"/>
Amt. Paid	<input type="text"/>