

2009/2010 SOCCER CENTRE APPLICATION TOTS LEAGUE REGISTRATION

Child's Name _____ Age _____

Parent Name _____ Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____

Session Dates: (Circle One)

Saturdays 2-3 yrs. 10:00 am
4 yrs. 10:45 am

- (1) Oct. 10-Nov. 7
- (2) Nov. 14-Dec. 12
- (3) Jan. 9-Feb. 6
- (4) Feb. 13-Mar. 13
- (5) Mar. 20-Apr. 17

Cost: \$65

(Registration fee must accompany the Activity Registration form.)

Check # _____ Amount _____

(Make checks payable to Soccer Centre, Inc. There will be a \$20 fee on ALL returned checks.)

Credit Card # _____ Expiration Date _____

(Circle One: Master Card, Visa, & Discover accepted)

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 _____