



Please print email address on form

Students will be notified by email

FOOTSKILL TRAINING 2024-2025 Session Registration Form #6

June 15 – August 21

Session #6 is 10 weeks, and the fee is \$250.00 Per Student

Make-up Classes: Spaces and times are extremely limited to accommodate missed classes. Please email the office in advance of classes that cannot be attended by your child to notify of the planned missed class. Classes may be made up within the current session if there is an open space in an appropriate class. **There are no makeup classes given once the session is over.** Refunds are only given for serious injuries not your scheduling conflicts.

Please circle preference:

Sunday

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Afternoon
Evening

Evening

Evening

Evening

Evening



Please paper clip check to the registration form – DO NOT STAPLE

PLEASE PRINT:

Participant Name: _____

Address: _____

City & Zip Code: _____

Home Phone: _____

Sex: _____ Age: _____ Birthdate: _____

School: _____ Grade: _____

Name of current Soccer Team: _____

Parent/Guardian Name(s): _____

Email Address (**please write clearly**) _____

Cell Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____

Registration forms and checks are due
on **Monday, June 9th, 2025**

Scheduling emails will be made on
Friday, June 13th, 2025
Contact office if email is **NOT** received

Please mail payment and completed registration and waiver forms to the address below:

**Al Reynolds Soccer School
Administrative Office
11351 Pearl Road, Suite #200
Strongsville, Ohio 44136-3331**

AL REYNOLDS SOCCER SCHOOL
RELEASE OF LIABILITY FOR MINOR PARTICIPANTS

READ BEFORE SIGNING

IN CONSIDERATION OF my child/ward named below being allowed to participate in any way in the **AL REYNOLDS SOCCER SCHOOL** related events and activities, the undersigned acknowledges, appreciates, and agrees that:

The risks of injury and illness (including by example such as communicable diseases as MRSA, influenza, and COVID-19) to my child from the activities involved in these programs are significant, including the potential for permanent disability and death, and while particular rules, equipment, and personal discipline may reduce these risks, the risks of serious injury and illness do exist; and,

1. FOR MYSELF, SPOUSE, AND CHILD, I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my child's participation; and,
2. I willingly agree to comply with the program's stated and customary terms and conditions for participation. If I observe any unusual significant concern in my child's readiness for participation and/or in the program itself, I will remove my child from the participation and bring such attention of the nearest official immediately; and,
3. I myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS **AL REYNOLDS SOCCER SCHOOL**; its directors, officers, officials, agents, employees, volunteers, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("Releasees"), WITH RESPECT TO ANY AND ALL INJURY, ILLNESS, DISABILITY, DEATH, or loss or damage to person or property incident to my child's involvement or participation in these programs, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.
4. I, for myself, my spouse, my child, and on behalf of my/our heirs, assigns, personal representatives and next of kin, HEREBY INDEMNIFY AND HOLD HARMLESS all the above Releasees from any and all liabilities incident to my involvement or participation in these programs, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.
5. I, the parent/guardian, assert that I have explained to my child/ward: the risks of the activity, his/her responsibilities for adhering to the rules and regulations, and that my child/ward understands this agreement.

I, FOR MYSELF, MY SPOUSE, AND CHILD/WARD, HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT WE HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Name of Child/Ward: _____

Name of Parent/Guardian: _____

Parent/Guardian Signature: _____

Date Signed: _____

UNDERSTANDING OR RISK

I understand the seriousness of the risks involved in participating in this program, my personal responsibilities for adhering to rules and regulation, and accept them as a participant.

Name of Child/Ward: _____

Signature of Child/Ward: _____

Date Signed: _____

Al Reynolds Soccer School is located at: 23797 Sprague Road, Columbia Station, OH, 44028