



## FOOT SKILLS TRAINING 2009-10 Session Registration Form #6

Session 6 is 8 weeks and the fee is \$176.00

*Make-up Classes: Spaces and times are extremely limited to accommodate missed classes. Please call 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:**    THERE WILL BE NO CLASSES ON JULY 3 & 4

<u>Sunday</u>	<u>Saturday</u>
Morning	Morning
Afternoon	Afternoon
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): \_\_\_\_\_  
Address (If different): \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent/Guardian Signature: \_\_\_\_\_

Registration forms and checks are due  
on Tuesday, June 1, 2009

Scheduling calls will be made on  
Thursday, June 3, 2009

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

**Al Reynolds Soccer School  
Administrative Office  
11351 Pearl Road  
Strongsville, Ohio 44136**

**Al Reynolds Soccer School  
Administrative Office  
11351 Pearl Road  
Strongsville, Ohio 44136  
(440) 238-3161**

**Participation Waiver & Medical Release**

**Participant Name:** \_\_\_\_\_  
**Allergies:** \_\_\_\_\_  
**Medical Problems:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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***Waiver***

In consideration of the acceptance of my child's/ward's participation and involvement with Al Reynolds, Soccer School, I hereby, for myself and child/ward, our heirs, executors, release Al Reynolds, his coaches, agents and employees, from any and all injuries or illness sustained or incurred by my child/ward as a result of his/her involvement in, participation of an or all associated activities.

By executing this document, I hereby assume, on behalf of my child/ward, all risk or injury or loss to which he/she may be exposed.

**I acknowledge that I have read and fully understand this waiver.**

\_\_\_\_\_  
Name of parent or guardian (Please print)

**X** \_\_\_\_\_  
Signature of Parent/Guardian Date