



Please print email address on form

Students will be notified by email

FOOT SKILLS TRAINING 2011-12 Session Registration Form #3

Session 3 is 8 weeks and the fee is \$200.00

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:

<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
Morning						Morning
Afternoon						Afternoon
Evening	Evening	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 Tuesday, January 3, 2012

Scheduling emails/calls will be made
on Thursday, January 5, 2012

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

Training Center

14777 Pearl Road
Strongsville, Ohio 44136

(440) 238-3161

Participation Waiver & Medical Release

Participant Name: _____

Allergies: _____

Medical Problems: _____

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