



*Please print email address on form*

*Students will be notified by email*

## FOOTSKILL TRAINING 2024-2025 Session Registration Form #5

April 27 – June 12

**Session #5 is 7 weeks, and the fee is \$175.00 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, April 21<sup>st</sup>, 2025**

**Scheduling emails** will be made on  
**Friday, April 25<sup>th</sup>, 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**