

R*E*G*I*S*T*R*A*T*I*O*N 07/08

SPAT

SPEED, POWER AND ACCELERATION TRAINING

PARTICIPANT NAME: _____
PARENT NAME: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: (____) _____ - _____ ALT. PHONE: (____) _____ - _____
DATE OF BIRTH: ____/____/____ AGE: _____
EMAIL ADDRESS: _____
OF WEEKS (4 or 6): _____
DAYS PREFERRED: _____

#PLAYERS	1	2	3	4	5	6 or more
4 WEEK	\$295	\$265	\$245	\$225	\$205	\$185
6 WEEK	\$395	\$350	\$320	\$290	\$260	\$230

I/we understand that the participant named above (hereafter, the Participant) has made application to be enrolled in Corner Kick Indoor Soccer and Speed, Power and Acceleration Training, hereafter referred to as "CKI". The undersigned parent(s) or legal guardian(s) of the Participant acknowledge that: I/We understand that there are risk of personal injury associated with the participation in soccer training programs, events and activities, which can result in temporary or permanent disabilities and severe personal loss and economic damages. I/We understand that CKI provides no pre-enrollment medical examination and takes no responsibility for monitoring or assessing the health and physical condition of the Participant. IN CONSIDERATION of the acceptance of the Participant's application to enroll in the CKI Acceleration Minnesota Program, and with the knowledge of the associated risks to the Participant, I/We agree to the following:

1. I/We consent to the Participant enrolling in CKI soccer training programs, and participating in the events and activities which constitute the program.
2. I/We will instruct the Participant to review and carefully follow all of the CKI guidelines, rules and procedures for safety and general deportment while on the CKI premises, whether or not the Participant is engaged in training events or activities at the time.
3. I/We accept and assume full responsibility for consulting with a doctor about the CKI training program and hereby warrant, represent, and state that the Participant named above is in good physical condition and that the Participant has no disability, impairment, or ailment that would prevent him/her from engaging in the CKI training program or that it would not cause or be detrimental to his/her health, safety, comfort or physical condition.
4. I/We accept and assume all risk and responsibility for accidents, illness, injury, and or damage which may result from the Participant participating in any of the events or activities associated with the CKI Programs and hereby waive, release and discharge, Corner Kick Indoor Soccer, its officers, directors, employees and agents from any and all liability thereof. I/We have read the forgoing and understand that its terms include my/our consent and my/our agreement to take certain actions, to assume certain responsibilities and to release Corner Kick Indoor Soccer, from certain liabilities. I/We sign it voluntarily with full knowledge of its significance.

CLASS TIMES

2:30 PM – 10:30 PM

Program runs three times a week for either 4 or 6 weeks

PARENT/GUARDIAN SIGNATURE: _____ DATE: ____/____/____