

R * E * G * I * S * T * R * A * T * I * O * N

2001 – 2002

SPEED & SPECIFIC TRAINING INTERNATIONALS FOOT SKILLS

PARTICIPANT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ POSTAL CODE: _____

PHONE: (____) _____ - _____ ALT. PHONE: (____) _____ - _____

DATE OF BIRTH: ____/____/____ AGE: _____

EMAIL ADDRESS: _____

SOCCER SPEED & SPECIFIC TRAINING	<u>CLASS TIMES</u>
CLASS DAYS: <ul style="list-style-type: none"> • MONDAY • TUESDAY • WEDNESDAY • THURSDAY 	3:30 - 4:30PM 4:30 - 5:30PM 5:30 - 6:30PM 6:30 - 7:30PM 7:30 - 8:30PM
COST: \$85 PER 8 SESSIONS	

INTERNATIONAL FOOT SKILLS	<u>CLASS TIMES</u>
CLASSES OFFERED ON SUNDAYS ONLY	12:30 - 1:30PM 1:30 - 2:30PM 2:30 - 3:30pm 3:30 - 4:30pm
COST: \$80 PER 8 SESSIONS	

I/we understand that the participant named above (hereafter, the Participant) has made application to be enrolled in Alan Merrick's Soccer Academies Inc., hereafter referred to as "Academies". 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 the Academies 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 Academies Speed & Specific Training or International Foot Skills 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 the Academies 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 Academies guidelines, rules and procedures for safety and general department while on the Academies 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 Academies 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 Academies 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 Academies Programs and hereby waive, release and discharge the Academies, Corner Kick Indoor Soccer Center, 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 Center, Alan Merrick's Soccer Academies Inc. from certain liabilities. I/We sign it voluntarily with full knowledge of its significance.

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