



ULTIMATE SOCCER SCHOOL

Registration Form

Participant Name: _____ Age: _____ Female Male

Address: _____ City: _____ Postal Code: _____

E-mail: (optional) _____

Daytime Phone: _____ Emergency Phone: _____

Special Instructions (e.g. Medical Conditions):

Please check session(s) as required

Session One- <i>Early Kickers</i>	July 6 - July 10	9:00 - 11:00 am	x \$100.00	
Session Two - <i>Classic</i>	July 6 - July 10	9:00 - 12:00 noon	x \$110.00	
Session Three - <i>Early Kickers</i>	July 13 - July 17	9:00 - 11:00 am	x \$100.00	
Session Four- <i>Classic</i>	July 13 - July 17	9:00 - 12:00 noon	x \$110.00	
Session Five - <i>Goalkeepers</i>	July 20 - July 24	9:00 - 12:00 noon	x \$110.00	
(Subtract \$20.00 for a two (2) session registration)			TOTAL	

Please enclose Cheque or Money Order payable to Ultimate Soccer School

T-Shirt size:

- Youth Small
 Youth Medium
 Youth Large
 Youth X-Large
 Adult Small
 Adult Medium
 Adult Large
 Adult X-Large

Consent and Waiver

The registered participant and parents/guardian hereby agree that the Ultimate Soccer School will not be held responsible for any accidents or loss however caused, and agree to release all instructors, staff and sponsors from all claims or damages which may arise as a result of/or by reason of such accidents or loss.

Signature (Parent or Guardian) _____ Date _____

Confirmation will be made by return mail or e-mail.
Thank you for choosing the Ultimate Soccer School.

Mail to: Ultimate Soccer School, 3976 McGill Street, Burnaby, British Columbia V5C 1M3