

UNIVERSAL KIDS SOCCER

REGISTRATION FORM 2015

Player Personal Information

Name: _____

Birthdate: ___/___/___ Age: _____ Sex: _____

Parents: _____ And _____

Address: _____ City: _____ Zip: _____

Phone(H): _____ (C): _____

Email: _____

Emergency Contact: _____ Phone: _____

Family Doctor: _____ Phone: _____

Important Medical History: Medications _____

Allergies _____

Previous Injuries _____

Fees: Fall Program

Under 5: \$25.00 Per Class (\$200.00 total for 8 week session)

Under 7: \$25.00 Per Class (\$200.00 total for 8 week session)

(Discounts)

Friend Discount – Free class for any child who brings 1 or more friend

Sibling Discount – 10% off total price

Note: Each program runs 8 sessions/weeks

RELEASE SECTION:

I, _____ am the parent/guardian of _____
and state that my child/children have no medical or other condition that would
interfere with his/her/their participation in Universal Kids Soccer activities.

Signature of parent or guardian

Date: _____