



Memorial Indoor Soccer Academy Registration

Our monthly membership programs consist of year-round weekly classes for children ages 3-16 focusing on soccer techniques. All levels are invited, and we divide classes by age and skill. Our highly licensed coaches bring experience, passion, and fun activities to the indoor classes.

Info@memorialindoor.com or **713-929-3577** to register.

Tuition (per Month)

-1 SESSION PER WEEK: **\$80 MONTHLY** (Advanced Select AS classes are longer and have a different rate)

-2 SESSIONS PER WEEK: **\$140 MONTHLY**

**One-time registration fee of \$30 per child*

**Each additional sibling will receive \$20 off of their tuition.*

**(A) - Advanced classes (AS) Advanced Select and invite only (P) – Parent involved on the field (WL)- Waitlist and need 5 players to start*

Classes Offered: Please **'Circle'** the training session(s) desired

Child's Birth Year	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
B/G 2017					2:40-3:30 (WL)	2:00-2:50(WL)	
B/G 2016		3:45-4:45 (A)		4:45-5:45	3:40-4:30	1:00-2:00 (A) or 2:00-3:00	
B/G 2015		3:45-4:45 (A)		4:45-5:45	3:40-4:30	1:00-2:00	
B/G 2014			4:30-5:30	3:45-4:45	4:30-5:30	12:00-1:00	11:00-12:00
B/G 2013	4:30-5:30 (A)	5:45-6:45 (A)	4:30-5:30	3:45-4:45 or 5:45-6:45 (A)	4:30-5:30	12:00-1:00	11:00-12:00
G 2011/2012		5:45-6:45		5:45-6:45 (A)		10:00-11:00	12:00-1:00
G 2010	3:30-4:30	4:45-5:45				11:00-12:00 (A)	
G 2008/2009				6:45-7:45 (A)		3:00-4:00pm	
G 2006/2007			6:45-8:00 (A)	6:45-7:45 (A)		4:00-5:00	
G 2004/2005			6:45-8:00 (A)			4:00-5:00	
B 2012	4:30-5:30(A)	5:45-6:45	3:30-4:30 or 5:30-6:45 (AS)	5:45-6:45		10:00-11:00	10:00-11:00 (A) or 12:00-1:00
B 2011	3:30-4:30 or 5:30-6:40 (AS)	4:45-5:45	3:30-4:30 or 5:30-6:45 (AS)		5:30-6:45 (A)	11:00-12:00 (A)	10:00-11:00 (A) or 12:00-1:00
B 2010	3:30-4:30 or 5:30-6:40 (AS)	4:45-5:45	3:30-4:30 or 6:45- 8:00 (AS)		5:30-6:45 (AS)	11:00-12:00 (A)	
B 2008/2009	6:45-8:00 (AS)		6:45-8:00 (AS)	6:45-7:45 (A)	6:45-8:00 (AS)	3:00-4:00	
B 2006-2004			6:45-8:00 (AS)	6:45-7:45		4:00-5:00	

Childs Name: _____ Date of Birth: _____

Parents Name: _____ Parents contact #: _____

Email address: _____ Emergency contact #: _____

By signing below, you are acknowledging that payment will be **automatically deducted on a monthly basis, on starting date. **Please see email receipt for cancellation policies. You must notify in writing to cancel to info@memorialindoor.com.***

Signature of Parent/Guardian: _____ Date: _____

For OFFICE USE: Staff member _____

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