

# After School Soccer

## Register now! Space is limited!

Dates: Oct 1, Oct 15, Oct 22 Oct 29, Nov 5, Nov 19, Nov 26, Dec 3

Times: 2:15pm - 3:15pm, 2:15pm - 4:15pm, 2:15pm - 5:15pm

*Please circle all that apply.*

*\$10 per hour - Total Included: \_\_\_\_\_*

*Please make checks out to FUSTAL and SOCCER STREET*

Name: \_\_\_\_\_

Current Grade Level: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Parent or Guardian Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Insured Card Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions: \_\_\_\_\_

Bring - Sneakers/Futsal Shoes, Soccer shorts and top, shin guards and water.

My child will be released to:  After School Program  Pickup

Permission to Treat/Transport: As parent or guardian of student I hereby grant permission by my signature indicated below to allow qualified medical personnel to medically treat him/her for all injuries sustained.

Acknowledgement: As parent/ guardian I declare that my child is in good physical and medical condition and can withstand the rigors of the game. I acknowledge the risk and give my child permission to participate in the program and release *FUSTAL and SOCCER STREET and Corpus Christi School* of any liability.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_