

We Teach Soccer Registration

Family Name: _____ Parent Name(s): _____

Address: street _____ Postal Code: _____

City: _____ E-mail Address: _____

Phone Number: _____ Cell phone #: _____

Child's name: 1. _____ Birth date: _____

2. _____

3. _____

Please sign here to verify that you have read and understand the Policies and Guidelines below:

Signature _____

Policies and Guidelines

In order of the soccer lessons to run in a safe and orderly fashion these policies must be followed:

1. All participants must sign a Registration form before starting the lessons.
2. All students need to wear appropriate shoes, non slip runners for indoors and soccer cleats for outdoor

Medical Concerns

Please list any medical conditions including allergies that the coaches should be aware of.

1. _____

The Fine Print

You agree that you are the parent and/or legal Guardian of the player/student and are aware and agree to the expenditures of time and money that are involved in the player's participation in this program. You consent to the player participating in this program and agree to exempt the Coaches and their representatives We Teach Swimming and We Teach Soccer from any liability for accidents, injury or other that may occur as a result of the player/student participating in this training.

Parent/Guardian Name: (print) _____

Signature of Parent/Guardian: _____ Date: _____

** All Class fees must be paid at time of booking.*

** Payment by Cheque, Cash and now VISA.*

** Credits will only be issued for medical reasons when a Dr's note has been provided.*

** \$20.00 cancellation fee on all refunds.*

** \$20.00 charge for NSF cheques.*

If you have any concerns please do not hesitate to phone Donna at 470-7496, or email at:

soccer@weteachswimming.ca www.weteachswimming.ca