

Starz Soccer Academy

# Mini-Starz Daytime Soccer



Starz Soccer Academy clinics are designed to introduce the fundamentals of the game with a primary focus of fun and learning.

**Clinic Location:** The Arena Club  
2304 Churchville Road  
Bel Air, MD 21015



## Mini-Starz Daytime Soccer

For: Children ages 2 1/2 to 6 years old

Day: every **Tuesday** for 6 weeks

Date: 11/12/2013 through 12/17/2013

**Time: 12:30 - 1:15pm or 1:30pm - 2:15pm**

Children will be required to wear tennis shoes/indoor soccer shoes (no cleats). We recommend that children wear athletic shorts and bring a water bottle and a size 3 or 4 soccer ball with their name on it. On week one, every player will receive a t-shirt.

**Cost:** \$50 for members \$65 for non-members

410-734-7300

[www.thearenaclub.com](http://www.thearenaclub.com)



# Program Registration Form



**NAME OF PROGRAM:** \_\_\_\_\_

**DAY(S) OF PROGRAM:** \_\_\_\_\_ **DATE(S) OF PROGRAM:** \_\_\_\_\_

**PARTICIPANT'S NAME:** \_\_\_\_\_ **MEMBER: Y N**

**AGE:** \_\_\_\_\_ **DOB:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **MALE or FEMALE:** \_\_\_\_\_

**PARENT NAME** (if participant is under 18): \_\_\_\_\_

**STREET ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**HOME #:** \_\_\_\_\_ **CELL #:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**EMERGENCY CONTACT:** \_\_\_\_\_ **CELL #** \_\_\_\_\_

**HEALTH INFORMATION:** Please list any special needs, medical or behavioral conditions, or medications that we need to be aware of to ensure your child's safety (allergies, asthma, etc.)

\_\_\_\_\_  
\_\_\_\_\_

**RELEASE:** I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but not limited to exercise classes, cardio, strength equipment, pools, field activities) here at the club shall be undertaken by me at my sole risk. I release Harford Health & Fitness Club, Inc., its officers, directors, employees and shareholders, from any claim for any injury to me personally, damage to my personal property, or theft thereof, while I am at the Harford Health & Fitness Club, including claims arising from negligence of Harford Health & Fitness Club employees or agents. I understand that I must be a current member in good standing at the time of service to receive member discount. All images taken can be used in all or any future marketing.

\_\_\_\_\_  
*Signature / Parent or Legal Guardian must sign if participant is under 18* \_\_\_\_\_  
*Date*

**PAYMENT:** \_\_\_\_\_ **TYPE:** \_\_\_\_\_ **TOTAL AMOUNT:** \_\_\_\_\_ **DATE PAID:** \_\_\_\_\_

**VISA / MC** # \_\_\_\_\_ **EXP:** \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Staple Receipt Here  
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