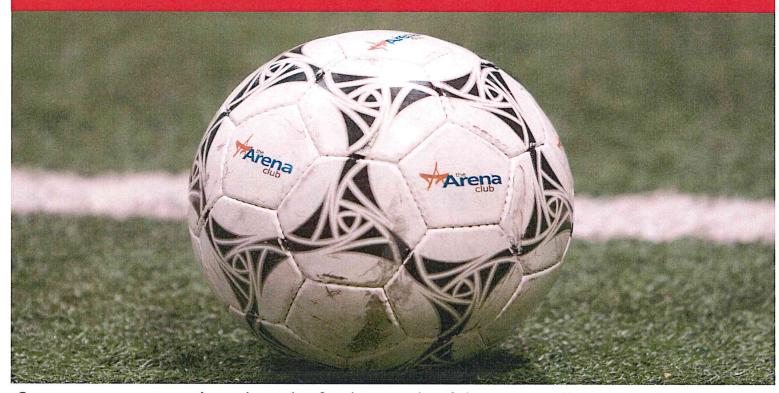
## **ACSL**

## **U8** League



Our soccer programs introduce the fundamentals of the game. Allow your child to learn, have fun, and meet new friends! Also allow kids to play in competitive games. Soccer will be held at the Arena Club location. Registration opens July 1st.

## **Under 8 Boys**

For: Children ages 6 –7 Day: every Saturday for 6

weeks

Date: Sept 14-Oct 19 Time: 10am; 11am \*This is a league format

## **Under 8 Girls**

For: Children ages 6 –7 Day: every Saturday for 6

weeks

Date: Sept 14-Oct 19 Time: 12pm; 1pm \*This is a league format

Children will be required to wear shin guards (for league format) and tennis shoes/indoor soccer shoes. No cleats! We recommend that children wear black athletic shorts and bring a water bottle and a size 3 or 4 soccer ball with their name on it if they would like. On week one, every player will receive a t-shirt.

On week six, every player will receive a medal. Early bird registration ends Sept 7th. After this date a \$10 registration fee will be added to the price listed below. **Athletics/youth soccer** 

Cost: \$50 for members

\$65 for non-members

CHILD'S NAME	AGE BOY OR GIRL?
WHAT CLINIC/LEAGUE ARE YOU REGISTER	RING FOR? U4 U6
IS HE/SHE A MEMBER? HAS HE	E/SHE BEEN IN OUR PROGRAM B/F?
MOM'S NAME	DAD'S NAME
	CITY ZIP
	WK/CELL
EMAIL ADDRESS	
	TO PLAY WITH?
BEHAVIORAL CONDITIONS THAT WE NEED	SPECIAL NEEDS, MEDICAL CONDITIONS, OR D TO BE AWARE OF TO ENSURE YOUR LY AND GIVE MORE INFORMATION, PLEASE.
GOOD GENERAL HEALTH	SEIZURE
ALLERGY, FOOD OR OTHER	ASTHMA
BEHAVIORAL ISSUE	DIABETES
MENTAL HEALTH CONDITION	PRESCRIPTION MEDICATION
OTHER CHRONIC HEALTH CONDITION	OTHER MEDICATION
EXPLANATION:	
PAYMENT INFORMATION:  TYPE OF PAYMENTTOTAL AMOUNTDATE PAID	
	EXP
I have read and answered to the best of my knowledge, the above questionnaire. I agree that all exercise and activities (including, but 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 Clun, Inc., it 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 and 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.  PARENTS SIGNATURE  DATE  DATE	