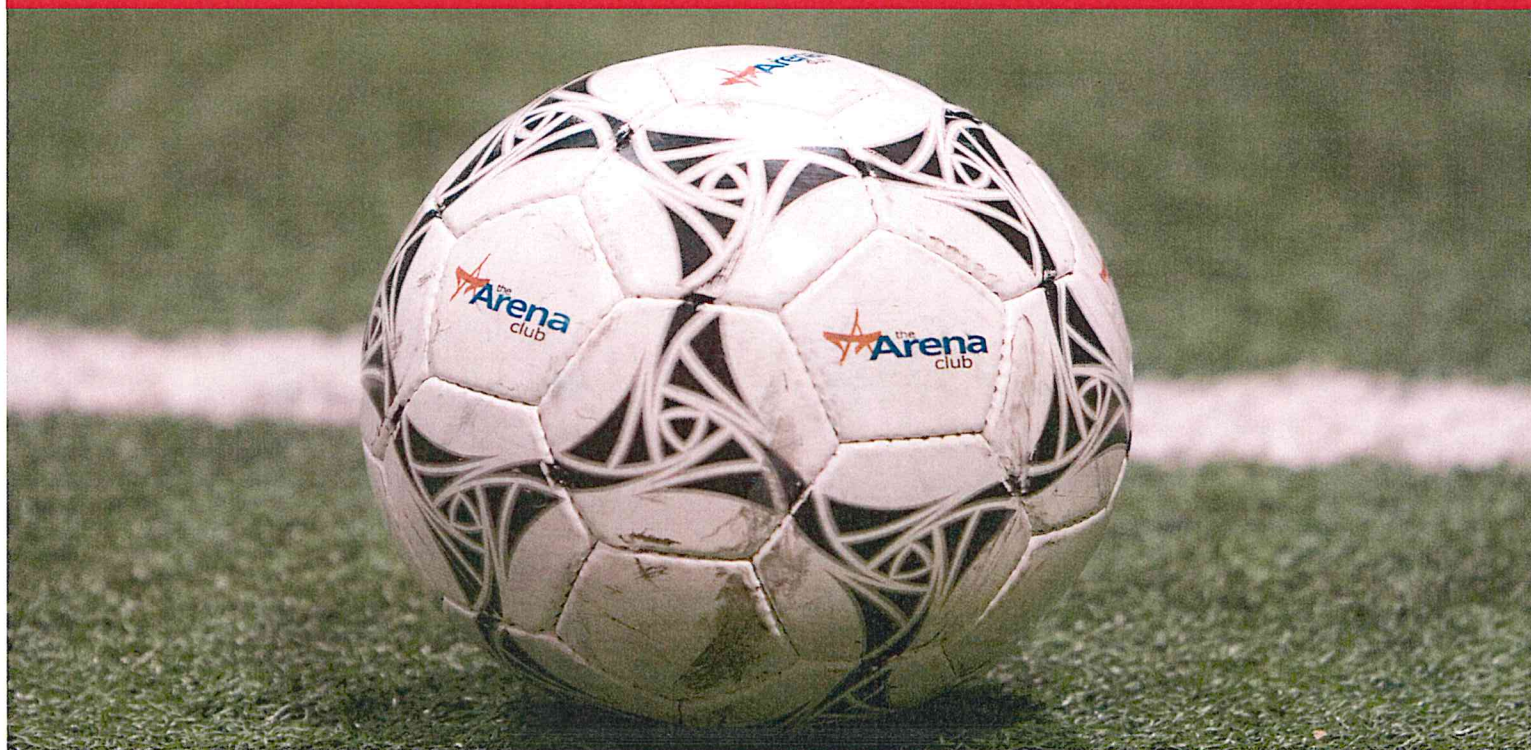


Starz Soccer Academy

# U4/U6 Coed Soccer



Our soccer programs introduce the fundamentals of the game. Allow your child to learn, have fun, and meet new friends!

Soccer will be held at the Academy location. Registration opens July 1st.

## Under 4

For: Children ages 2 1/2 –3

Day: every Saturday for 6 weeks

Date: Sept 14-Oct 19

Time: 4 p.m.

\*This is not a league format

## Under 6

For: Children ages 4-5

Day: every Saturday for 6 weeks

Date: Sept 14-Oct 19

Time: 5 and 6 p.m.

\*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: \$60 for members**

**\$75 for non-members**





CHILD'S NAME \_\_\_\_\_ AGE \_\_\_\_\_ BOY OR GIRL? \_\_\_\_\_

WHAT CLINIC/LEAGUE ARE YOU REGISTERING FOR? U4 U6

IS HE/SHE A MEMBER? \_\_\_\_\_ HAS HE/SHE BEEN IN OUR PROGRAM B/F? \_\_\_\_\_

MOM'S NAME \_\_\_\_\_ DAD'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (H) \_\_\_\_\_ WK/CELL \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

IS THERE A SPECIFIC PLAYER YOU WANT TO PLAY WITH? \_\_\_\_\_

Soccer will be held at the Academy location: 3036 Churchville Road; next to artie circle

**HEALTH INFORMATION:** ARE THERE ANY SPECIAL NEEDS, MEDICAL CONDITIONS, OR BEHAVIORAL CONDITIONS THAT WE NEED TO BE AWARE OF TO ENSURE YOUR CHILD'S SAFETY? CHECK ANY THAT APPLY 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 PAYMENT \_\_\_\_\_ TOTAL AMOUNT \_\_\_\_\_ DATE PAID \_\_\_\_\_

CREDIT CARD TYPE \_\_\_\_\_ # \_\_\_\_\_ 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 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 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 \_\_\_\_\_