

Children's

ACSL



The Arena Club Soccer League is for boys and girls ages 6 & 7 that are looking to continue building their skill through game play. This is a league format.

ACSL

For: Children ages 6-7

Day: every Saturday for 6 weeks

Date: April 16th-May 17th

Children are required to wear shin guards and 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. Games are played on our outdoor field. Parents may bring own chairs to watch their child's game. Registration starts March 1st.

Cost: \$50 for members

\$65 for non-members



CHILD'S NAME _____ AGE _____ BOY OR GIRL? _____
Age as of August 1st, 2012

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 _____

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 _____