

Arena Starz Soccer



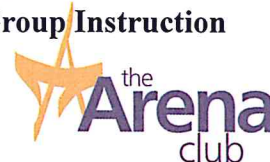
The Arena Starz Soccer program is a year round soccer program for boys and girls. We will have one U9, U10 boys and one U9, U10, U12 girls teams.

We offer the finest facility and training in the region!!!

U9 Boys Tryouts; 5/18 @ 11am indoor field; 5/19 @ 2pm; 5/22 @ 6pm
U10 Boys tryouts; 5/18 @ 12pm indoor field; 5/19 @ 3pm; 5/22 @ 7pm
U9 Girls Tryouts; 5/20 @ 5:30, 5/22 @ 6pm
U10 Girls Tryouts; 5/20 @ 6:30, 5/22 @ 7pm, 5/29 @ 6:30pm
U12 Girls Tryouts; 5/23 @ 6pm, 5/24 @ 6pm at Harford Community College

Indoor and outdoor fields, as well as excellent coaches and training opportunities are in place to enhance your player's abilities and maximize their potential. Focus of coaches and trainers will be soccer specific drills, speed, conditioning, sportsmanship and team play providing your player with the confidence and edge needed to be successful. The Arena Starz soccer program will be held at the Arena Club's sport specific training facilities. These include two indoor fields (75' X 45' and 150' X 75') and multiple outdoor fields. **Academy/Group Instruction**

**For more information please contact Chris Fielder @
cfielder@thearenaclub.com**



AGE GROUP (circle one): U9 boys U10 boys U9 girls U10 girls U12 girls

PLAYER NAME _____ DOB _____ MALE OR FEMALE? _____

MOM'S NAME _____ DAD'S NAME _____
(needed if participant is below the age of 18)

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 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: _____

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 _____
(parent signature required if participant is below the age of 18)

PAYMENT INFORMATION: After player has been invited to play on the team.

TYPE OF PAYMENT _____ TOTAL AMOUNT _____ DATE PAID _____

CREDIT CARD TYPE _____ # _____ EXP _____