



Soccer & Sports Club LLC



ALL PRO SPORTS CENTER
WINTER REC SOCCER CLINIC REGISTRATION FORM
Session Two: 22nd December 2007

ALL PRO SPORTS CENTER
RECREATIONAL WINTER SOCCER CLINIC
SESSION TWO: COMMENCING 22nd DECEMBER 2007

We would like to invite you to sign up for Recreational Soccer Clinic at the All Pro Sports Center, on the West River Road, Waterville.

Come play on the next generation of turf indoor fields! The ultimate soccer clinic, combining coaching and soccer play.

This program is for both boys and girls. Starting at 4 to 11 years of age.

Commencing 22nd December for individuals and teams already playing in their local recreational leagues.

To take place on Saturday mornings:

- 9.00am - 10.00am: 4 to 7 years old
10.00am - 11.00am: 8 to 11 years old

Only \$60 for 6 sessions (Please note this fee is non-refundable unless your child cannot be placed in a session.)

Please note: that any returned checks will be subject to a \$25 administration charge.

The program is intended to be fun! The emphasis is on attracting players to the sport and providing a positive experience.

For further information please visit our website: www.allprosportscenter.com. Alternatively, if you have any queries, please do not hesitate to contact us at office@allprosportscenter.com, or on 877 6666.

PLEASE NOTE: NO REFUNDS FOR SNOW DAYS OR NON ATTENDANCE

Keep this part and put on your notice board!!

Last Name: First Name: MI:

Address:

I wish to attend 4 - 7yrs, 8 - 11yrs session (please circle appropriate one)

Phone: DoB: Male/Female (circle)

School: Current Grade:

Mother's/Guardian Name: Phone:

Father's/Guardian Name: Phone:

Email Address:

List any medical problems/conditions or Prohibitions:

Person to notify in an emergency: Phone:

IMPORTANT:

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the All Pro Sports Center (APSC). Recognizing the possibility of physical injury associated with soccer and in consideration for APSC accepting the registrant for this soccer program, I hereby release, discharge and/or otherwise indemnify APSC, its affiliated organizations and sponsors, their volunteers, their employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the program.

Parent/legal Guardian (please print):

Signature: Date:

Consent for Medical Treatment (minor)

As the parent/legal guardian of the registrant, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

Signature of parent/legal guardian:

Send this part and the fee to the "All Pro Sports Center", 161, West River Road, Waterville, ME 04901