



# SC Azzurri Soccer School

# Registration Form

Participant Name: \_\_\_\_\_

Female  Male

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_ Age Group (U9, U11, U13): \_\_\_\_\_ Level \_\_\_\_\_ Position \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

E-mail: (required) \_\_\_\_\_

Best Phone #: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Special Instructions (e.g. Medical Conditions):  
\_\_\_\_\_  
\_\_\_\_\_

Please check last column to indicate **chosen program.**

Semester January-May	Fridays	*Between 18:00-21:00	\$500.00	<input type="checkbox"/>
Semester August-December	Fridays	*Between 18:00-21:00	\$500.00	<input type="checkbox"/>
Both Semesters (Paid at start of year)	Fridays	*Between 18:00-21:00	\$850.00	<input type="checkbox"/>
			<b>TOTAL</b>	<input type="checkbox"/>

\*Exact Schedule to appear on website. [www.scazzurri.ca](http://www.scazzurri.ca)

Please note: Cash, Cheque or Money Order are accepted. Non-cash payments can be made payable to SC Azzurri.

### **Shirt size:**

Youth Small  Youth Medium  Youth Large  Youth X-Large

Adult Small  Adult Medium  Adult Large  Adult X-Large

### **Consent and Waiver**

The registered participant and parents/guardian hereby agree that SC Azzurri will not be held responsible for any accidents or loss however caused, and agree to release all instructors, staff and sponsors from all claims or damages which may arise as a result of/or by reason of such accidents or loss.

Signature (Parent or Guardian) \_\_\_\_\_ Date \_\_\_\_\_

Confirmation will be made by return e-mail. *Thank you for choosing SC Azzurri.*