

Just for Kicks 2016 Spring Registration Form

Player's Name: _____ Male ___ Female ___

Player's DOB: _____ Age: _____

Parents/Guardians Name: _____

Address: _____

Cell Phone #1: _____ Cell phone #2: _____

Regularly Checked email: _____

Health Concerns (please list and let us know of any health concerns your child has that we need to know i.e. Asthma) A. _____ **B.** _____

Please check the program you will register your child for:

_____ Wee-Kicks Instructional Program: For boys and girls age 3. (\$65)

_____ Small Kicks Instructional Program: For boys and girls ages 4-6. (\$75)

_____ Strong Kicks Instructional Program: For boys and girls ages 7-10. (\$65)

Note:

All checks need to be made out to Apopka SDA Church. Checks and registration can be mailed to 340 E. Votaw Rd Apopka, FL 32703. For online payments please go to www.abetterandhealthieryou.com Registration and payments are accepted before or on first day of play. I, the parent or guardian of the above-named player acknowledges that soccer is a physically-demanding activity from which injury can result. In consideration of the player's participation in activities sponsored by the Apopka SDA Church, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the Apopka SDA Church and Florida Conference, its officers, directors, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the activities sponsored by the Apopka SDA Church.

Parent/Guardian Signature: _____ Date: _____

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