



POWER RUNNING - FALL 2014 REGISTRATION FORM

Last Name _____ First Name _____

Address _____ City _____ Province _____ PC _____

Date of Birth (mm/dd/year) _____ T-Shirt Size (Adult): S M L Gender: M F

Name of Present Team/Academy _____

PARENT/LEGAL GUARDIAN PERSONAL INFORMATION

Last Name _____ First Name _____

Telephone (res) _____ (bus) _____ (cell) _____

Email Address _____ @ _____

Coaching Staff: The training will be under the direction of Richard Bucciarelli.

Ages: Participants must be between the ages of 8 to 16.

Cost: The cost of the Program is \$200.00 + HST (Total \$226.00).
Special team rates are also available.

Location: Trio Sportsplex, 601 Cityview Boulevard, Vaughan, ON, L4H 0T1

Training Times and Dates: (Please mark your choice.)

- TUESDAYS - 8:00 pm to 9:00 pm - October 14 to December 16, 2014
- THURSDAYS - 8:00 pm to 9:00 pm - October 16 to December 18, 2014
- SUNDAYS - 10:00 am to 11:00 am - October 19 to December 21, 2014
- SUNDAYS - 11:00 am to 12:00 pm - October 19 to December 21, 2014

Withdrawal and Refund Policy:

Non-attendance by a participant does not constitute a notice of withdrawal. Request for refund must be submitted in writing to the Program Director prior to the start of Session 1. A \$50.00 administration fee will be applied to all refunds. PLEASE NOTE: A \$20.00 fee will be charged for all NSF cheques.

Medical and Waiver:

I hereby certify that _____ has no medical limitations or restrictions whatsoever with regard to strenuous exercise.
Participant's Name

I hereby personally, and as a parent/guardian of the participant, waive all claims against, and release from all liability for all personal injury or loss, and hold harmless from all actions, proceedings, claims, and costs, Soccer Fitness Inc., including its owners, officers, directors, agents, employees, volunteers, business operators, independent contractors, and site property owners or lessees, arising out of the participant taking part in Soccer Fitness Inc. activities and exercise.

I certify that all the information given on this form is true and accurate.

SIGNATURE OF PARTICIPANT
(OR PARENT/LEGAL GUARDIAN
IF PARTICIPANT UNDER AGE 18) _____ DATE _____

FOR STAFF USE ONLY

METHOD OF PAYMENT

DATE PAID: _____

AMOUNT PAID: _____

CASH CHEQUE

Please make cheques payable to:

SOCCER FITNESS INC.

**601 Cityview Boulevard, 2nd Floor
Vaughan, Ontario
L4H 0T1**