



TEN WEEKS OUT - FALL 2014 REGISTRATION FORM

Last Name _____		First Name _____	
Address _____		City _____	Province _____ PC _____
Date of Birth _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
(Month)		(Day)	(Year)
Name of Present Team/Academy _____			
PARENT/LEGAL GUARDIAN PERSONAL INFORMATION			
Last Name _____		First Name _____	
Telephone (res) _____		(bus) _____	(cell) _____
Email Address _____		@ _____	

All programs comprise 10 Training Sessions at the Soccer Fitness Training Centre, 2nd Floor, Trio Sportsplex, 601 Cityview Boulevard Vaughan, Ontario, plus 2 On-Field Fitness Assessments at a turf field at Trio Sportsplex. All training is done under the direction of Soccer Fitness President Richard Bucciarelli. All sessions are one hour in length, and are customized to each individual participant based on assessment results. There will be no substitutions or make-up sessions allowed for missed sessions.

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

MONDAYS - OCTOBER 20 TO DECEMBER 22, 2014

- 5:00 pm to 6:00 pm (\$250.00 + \$32.50 HST = \$282.50 Total)
 6:00 pm to 7:00 pm (\$300.00 + \$39.00 HST = \$339.00 Total)

WEDNESDAYS - OCTOBER 15 TO DECEMBER 17, 2014

- 5:00 pm to 6:00 pm (\$250.00 + \$32.50 HST = \$282.50 Total)
 6:00 pm to 7:00 pm (\$300.00 + \$39.00 HST = \$339.00 Total)

FRIDAYS - OCTOBER 17 TO DECEMBER 19, 2014

- 5:00 pm to 6:00 pm (\$250.00 + \$32.50 HST = \$282.50 Total)
 6:00 pm to 7:00 pm (\$300.00 + \$39.00 HST = \$339.00 Total)

SATURDAYS - OCTOBER 18 TO DECEMBER 20, 2014

- 1:00 pm to 2:00 pm (\$300.00 + \$39.00 HST = \$339.00 Total)
 2:00 pm to 3:00 pm (\$300.00 + \$39.00 HST = \$339.00 Total)

Initial Assessment Times and Dates: (Please mark your choice.)

- 6:00 pm to 7:00 pm - Wednesday, October 8, 2014
 7:00 pm to 8:00 pm - Thursday, October 9, 2014
 6:00 pm to 7:00 pm - Friday, October 10, 2014

Final Assessment: Times and Dates To Be Determined

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.

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:

SOCCKER FITNESS INC.

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