



TEN WEEKS OUT - SPRING 2015 REGISTRATION FORM

Last Name _____		First Name _____	
Address _____		City _____	Province _____ PC _____
Date of Birth _____	(Month) _____	(Day) _____	(Year) _____ Gender: <input type="checkbox"/> M <input type="checkbox"/> F
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 - APRIL 6 TO JUNE 15, 2015 (EXCLUDING MAY 18)

- ☐ 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 - APRIL 8 TO JUNE 10, 2015

- ☐ 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 - APRIL 10 TO JUNE 12

- ☐ 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 - APRIL 4 TO JUNE 13 (EXCLUDING MAY 16)

- ☐ 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.)

- ☐ 9:00 pm to 10:00 pm - Thursday, April 2, 2015
☐ 12:00 pm to 1:00 pm - Saturday, April 4, 2015

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:

SOCCER FITNESS INC.

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