



# SOCCER FITNESS TRAINER'S COURSE REGISTRATION FORM

Last Name _____		First Name _____	
Address _____		City _____	Province _____ PC _____
Date of Birth (mm/dd/year) _____		T-Shirt Size (Adult): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Name of Present Team/Academy _____			

**Coaching Staff:** All classroom lectures and on-field sessions will be under the direction of Richard Bucciarelli.

**Ages:** Participants must be at least 18 years of age, or have parent's consent/permission to participate.

**Cost:** The cost of the Trainer's Course is \$350.00 + HST (\$395.50 Total ). Special group/team rates are also available.

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

**Course Times and Dates:**

- Friday, January 8<sup>th</sup>: 6:00 to 9:00pm
- Saturday, January 9<sup>th</sup>: 9:00am to 8:00pm
- Sunday, January 10<sup>th</sup>: 9:00am to 5:00pm

**FOR STAFF USE ONLY**

**METHOD OF PAYMENT**

DATE PAID: \_\_\_\_\_

AMOUNT PAID: \_\_\_\_\_

CASH  CHEQUE

**Please make cheques payable to:**

**SOCCER FITNESS INC.**

**601 Cityview Boulevard, 2<sup>nd</sup> Floor  
Vaughan, Ontario  
L4H 0T1**

**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/or 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 \_\_\_\_\_