



TEN WEEKS OUT - FALL 2015 REGISTRATION FORM

Last Name _____ First Name _____

Address _____ City _____ Province _____ PC _____

Date of Birth _____ (Month) _____ (Day) _____ (Year) Gender: M 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 – OCTOBER 19 TO DECEMBER 21, 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)

WEDNESDAYS – OCTOBER 14 TO DECEMBER 16, 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 – OCTOBER 16 TO DECEMBER 18, 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)

SATURDAYS – OCTOBER 17 TO DECEMBER 19, 2015

- 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.)

- 7:00 pm to 8:00 pm - Wednesday, October 7, 2015
- 7:00 pm to 8:00 pm - Friday, October 9, 2015
- 11:00am to 12:00pm – Saturday, October 17, 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**