



## TEN WEEKS OUT - WINTER 2016 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 _____			
<b>PARENT/LEGAL GUARDIAN PERSONAL INFORMATION</b>			
Last Name _____		First Name _____	
Telephone (res) _____		(bus) _____	(cell) _____
Email Address _____		@ _____	

All programs comprise 10 Training Sessions at the Soccer Fitness Training Centre, 2<sup>nd</sup> 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 – JANUARY 18 TO MARCH 28, 2016**

- ☐ 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 – JANUARY 20 TO MARCH 30, 2016**

- ☐ 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 – JANUARY 22 TO APRIL 1, 2016**

- ☐ 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 – JANUARY 16 TO MARCH 19, 2016**

- ☐ 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 - Monday, December 28, 2015  
☐ 8:00 pm to 9:00 pm – Thursday, January 14, 2016  
☐ 11:00am to 12:00pm – Saturday, January 16, 2016

**Final Assessment:** Times and Dates To Be Determined

**Withdrawal and Refund Policy:**

Non-attendance by a participant does not constitute a notice of withdrawal. Refunds for the program are not permitted. 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, 2<sup>nd</sup> Floor  
Vaughan, Ontario  
L4H 0T1**