



KICK STARTS ACADEMY

NAME OF CHILD: _____ DOB: _____ GENDER: M/F

ADDRESS: _____ CITY, ZIP CODE: _____

PARENT NAME: _____ PHONE #: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT #1 NAME: _____ PHONE # _____

EMERGENCY CONTACT #2 NAME: _____ PHONE # _____

Has your child ever played soccer? If yes, please describe:

Any information we should know about your child (medical or other):

Please check the level and class time that you prefer:

- ☐ Kick Start Tots (2/3 year olds) Wednesday 6:30pm
- ☐ Kick Start Tots (2/3 year olds) Saturday 9:00am

- ☐ Kick Start Tikes (4/5 year olds) Wednesday 6:30pm
- ☐ Kick Start Tikes (4/5 year olds) Saturday 9:00am

- ☐ Academy Beginners (6,7,8 year olds) Wednesday 6:30pm
- ☐ Academy Beginners (6,7,8 year olds) Saturday 9:00am

- ☐ Academy Intermediate (9,10,11,12 year olds) Wednesday 7:30pm
- ☐ Academy Intermediate (9,10,11,12 year olds) Saturday 10:00am

- ☐ Academy PLUS (13,14,15 year olds) Wednesday 7:30pm
- ☐ Academy PLUS (13,14,15 year olds) Saturday 10:00am

*Missed sessions cannot be made up, but if you usually attend Wednesday, but miss on Wednesday, you can join Saturday if the class is not full.

With my signature below, I give my preference as to whether my child's photo/video images to be used for publication purposes by Fair Play Indoor Soccer. These images can be used in print and on the World Wide Web minus names. _____ Yes _____ No

Signature of parent or legal guardian: _____ Date: _____