



KIDS PRO SOCCER *investing in kids*

Applicant(s) Full Name _____

Age: _____ Sex (circle one): Male Female

Street Address _____

Address (Optional) _____

City _____ State _____ Zip Code _____

Parent(s)/Guardians Name _____

Home Phone _____ Work Phone _____ Mobile Phone _____

E-mail address _____

Program Name _____ Program Day & Time _____ Location _____

Manager Name _____ School Name _____

Season (circle one): Fall Winter Spring Summer Date _____

Please specify any medical problems that participant has (if any):

Other Comments:

Program Fee (must be paid in full): \$ _____

I would like to place an order for:

- Soccer Ball (size 3) \$25 Soccer Ball (size 4) \$25 Shin Guards \$20
 Sock Guard \$25 Extra Kids Pro Soccer T-shirt \$12 Customized DVD
 Birthday Party-\$150/h up to 15 kids; More than 15 kids -\$200/hour

Total: \$ _____

Make checks payable to: Kids Pro Soccer.

All payments are final and nonrefundable. A \$45 application fee will be charged in case of cancellation 14 days prior to the starting date. \$20 application fee is non-refundable for all extensions.

Liability Waiver: As a participant in a program run by Kids Pro Soccer, my son/daughter is in good health and has my permission to participate in the soccer program. Kids Pro Soccer, and its directors, employees and the facilities assume no responsibility and will not be held liable for any injuries and illness, accident will at the camp resulting in medical, dental or other expenses. I also give Kids Pro Soccer permission to use my child's name and or picture in promotion of the camp/program in printed media and another forms of advertisement. I fully renounce all claims upon Kids Pro Soccer for reimbursement for the use of this material. I, on behalf of myself, my executors, administrators, heirs, next of kin, and successors, hereby covenant to hold harmless and indemnify KPS and all its officers, departments, agencies, and employees from any and all claims, lessees, damages, injuries, fines, penalties, and costs (including court costs and attorney's fees), charges liabilities, or exposures, however caused, resulting from or arising out of or in any way connected to my or my family's participation in any KPS program/services. I have read and understand both this Hold Harmless Agreement as well as the KPS Registration Policy, Cancellation, and by my signature I agree to its terms.

I agree to the terms and conditions stated above.

Parent/Guardian Signature _____ Date _____

Please complete and return this form to your manager, or:
Kids Pro Soccer - 107 West St, PMB 458 - Alexandria, VA 22314
Tel: 703-340-8348 or 202-438-8555
E-mail: kidsprosoccer@msn.com

By submitting this registration form, I agree to the above conditions.