



Youth Developmental Soccer Program Registration

2 Easy steps to register:

- 1 Fill out this form completely
- 2 Mail this form along with full payment to JunglePlex no later than one week prior to the start of each session

SESSION AND CLINIC TIME (please check all pertinent information below):

- | | | |
|-----------------------------------|---|--|
| Session 1 (starting September 17) | <input type="checkbox"/> 5-6pm (ages 5-8) | <input type="checkbox"/> 6-7pm (ages 9-14) |
| Session 2 (starting November 12) | <input type="checkbox"/> 5-6pm (ages 5-8) | <input type="checkbox"/> 6-7pm (ages 9-14) |
| Session 3 (starting January 21) | <input type="checkbox"/> 5-6pm (ages 5-8) | <input type="checkbox"/> 6-7pm (ages 9-14) |
| Session 4 (starting March 18) | <input type="checkbox"/> 5-6pm (ages 5-8) | <input type="checkbox"/> 6-7pm (ages 9-14) |

PARTICIPANT INFORMATION:

CHILD'S NAME: _____

AGE (at start of the clinic): _____ DOB: _____

PARENT/GUARDIAN: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

WORK PHONE: _____

ANY MEDICAL ISSUES/CONCERNS WE SHOULD BE AWARE OF? _____

Please mail this form along with full payment to JunglePlex no later than one week prior to the start of each session.

PAYMENT SUMMARY (for management use only):

AMOUNT PAID _____ DATE _____

Cash Check CC MANAGER _____