



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 13)	<input type="checkbox"/> 5-6pm (ages 5-8)	<input type="checkbox"/> 6-7pm (ages 9-14)
Session 2 (starting November 8)	<input type="checkbox"/> 5-6pm (ages 5-8)	<input type="checkbox"/> 6-7pm (ages 9-14)
Session 3 (starting January 3)	<input type="checkbox"/> 5-6pm (ages 5-8)	<input type="checkbox"/> 6-7pm (ages 9-14)
Session 4 (starting February 28)	<input type="checkbox"/> 5-6pm (ages 5-8)	<input type="checkbox"/> 6-7pm (ages 9-14)
Session 5 (starting April 25)	<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? _____

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PAYMENT SUMMARY (for management use only):

AMOUNT PAID _____ DATE _____

Cash Check CC MANAGER _____