



INDOOR SOCCER YOUTH CLINICS REGISTRATION FORM FALL'18 - SPRING'19

Participant's Name: _____
Grade: _____ Age: _____ Birthdate: _____ Gender: Girl / Boy Group: U5-U7 / U8-U10
Address: _____ City: _____ State: _____ Zip: _____
Parent/Guardian: _____ Email: _____
Home #: _____ Work #: _____ Cell #: _____

Clinics Information

Sessions

- **1st:** October 1st - November 21st (8weeks)
- **2nd:** November 26th - January 30th (8weeks)
- **3rd:** February 4th - April 3rd (8weeks)
- **4th:** April 8th - May 8th (4weeks)

Schedule

- **Coed U5-U7** Monday 4PM-5PM
Wednesday 5PM-6PM
- **Coed U8-U10** Monday 5PM-6PM
Wednesday 4PM-5PM
- **Coed U5-U8** Saturday 1PM-2PM

Excluded Dates

1st: November 22nd / 2nd: December 24th - January 2nd. / 3rd: Week of February 18th.

Weekday Prices: \$180 (8weeks) / \$90 (4weeks)

Weekend Prices: \$200 (8weeks) / \$100 (4weeks)

Payment is required upon registration.

Cash Amount: _____ Check #: _____ Amount: _____ **Please make checks payable to Future StarsTennis Club**

Credit Card Information: MC VISA AMEX

Credit Card Number: _____ Exp. Date: __ / __ / ____ Security Code: _____

I authorize Future Stars Southampton LLC, to charge all outstanding balances

Card Holder Signature: _____ Date __ / __ / ____

Waiver and Release

As a player/participant, I hereby agree to comply with all program and club regulations and remove Future Stars Southampton LLC, SYS Inc. and the Town of Southampton or its agents from any liability incurred while involved in this program. The use of the facility is strictly at the players risk. Future Stars LLC, SYS Inc. and the Town of Southampton are not responsible for injuries, accidents, or damage to personal

property arising from normal athletic activities on the premises including interactions with other persons on the court. All participants and their guests hereby specifically waive any claims for damages arising from their use of the club facilities. In the event of an emergency I grant the club and it's agents to give whatever immediate treatment is necessary and or take myself/my child to a hospital emergency room. Permission is granted to use photos and videos taken at the club for promotional purposes. Signature: _____

Cancellation Policy

In the event of a cancellation, a make up session will be scheduled for the next available evening.