



Caribou Indoor Registration & Waiver Form

Name of child # 1: _____ Age & Grade: _____

Child #2: _____

Name of parent(s): _____ Phone: _____

Address: _____ E-mail: _____

My child will be in class: 1 2 3 4 5 Child 2 class: _____
 (Circle one)

Child's Optional T-shirt Size (\$10): _____ Child 2 Size: _____
 (YS, YM, YL, S, M, L, XL)

Mail form to: **Dutch Soccer Academy** **EMAIL: dsa@dutchsocceracademy.com**
99 Lynn Drive **TELEPHONE: 492-1147**
Caribou, ME. 04736 **Web: www.dutchsocceracademy.com**

The above named participant has my permission to participate in the *Dutch Soccer Academy* class. In case of emergency, I understand every attempt will be made to contact the person(s) below. If contact is unsuccessful, I give my permission to the attending physician to render medical treatment to the participant, including (if necessary) hospitalization. Any expense arising from injury or illness is the responsibility of the person signing below. By signing, I agree that *Dutch Soccer Academy* is in no way liable for any injury or illness sustained during sessions.

SIGNATURE OF PARENT/GUARDIAN: _____ DATE: _____

INSURANCE COMPANY: _____ POLICY NUMBER: _____

IN CASE OF AN EMERGENCY NOTIFY: _____ PHONE: _____

Tuition:	Checks payable to: Dutch Soccer Academy
1 semester (\$60)	\$
3 semesters (\$180)	\$
One-time Registration Fee (mandatory for all)	\$5
<input type="checkbox"/> I want to purchase a t-shirt for \$10	\$10
Total Amount Enclosed	\$ Check No.

Your canceled check is your confirmation; we will only call if you did not get your requested class.