



## Presque Isle Indoor Registration & Waiver Form

Name of child # 1: \_\_\_\_\_ Age & Grade: \_\_\_\_\_

Child #2: \_\_\_\_\_

Name of parent(s): \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

My child will be in class: 1 2 3  
*Circle one*

Child 2 Class: \_\_\_\_\_

Child's free t-shirt size: \_\_\_\_\_  
(YS, YM, YL, S, M, L, XL)

Mail form to: **Dutch Soccer Academy**  
**99 Lynn Drive**  
**Caribou, ME. 04736**

**EMAIL: [dsa@dutchsocceracademy.com](mailto:dsa@dutchsocceracademy.com)**  
**TELEPHONE: 492-1147**  
**Web: [www.dutchsocceracademy.com](http://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: \_\_\_\_\_

<b>Tuition:</b>	Make checks payable to: DSA
1 semester (\$60) you may sign up for only one trimester	\$ _____
3 semesters (\$180)	\$ _____
Registration fee (one time per year only)	\$5
*Add \$10 if you would like to purchase a t-shirt.	
<b>Total Amount Enclosed</b>	\$ _____ <b>Check No.</b> _____

Your canceled check is your confirmation. You will only be called if you did not get your requested class.