

# Registration

## **SOCCER SENSE (All participants must bring their own ball)**

Participant's Name: (Please Print)

Age: \_\_\_\_ Male: \_\_\_\_ Female: \_\_\_\_

Address:

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Parent/Guardian Name: (Please Print)

Phone Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Emergency Contact:

Phone Number:

Email Address:

Health Card #: (Optional)

List Allergies:

PROGRAM and LEVEL (Please check off the appropriate date(s))

Fall Session: Cost: \$\_\_\_\_ Winter Session: Cost: \$\_\_\_\_ March Break: Cost: \$\_\_\_\_

Summer Camp: Week 1: \_\_\_\_ Week 2: \_\_\_\_ Week 3: \_\_\_\_ Week 4: \_\_\_\_ Week 5: \_\_\_\_

Optional \_\_\_\_\_ **Cost: \$259/week**

Advanced: \_\_\_\_ Beginner: \_\_\_\_

PAYMENT METHOD: Cheque (\_\_\_\_) or Cash (\_\_\_\_)

Please make all cheques payable to:

Soccer Sense

8 Stanhope Avenue

Toronto, ON, M4K 3N5

Dino: 416-768-3208 Greg: 416-768-9410

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

A WAIVER FORM MUST BE COMPLETED AND SUBMITTED WITH REGISTRATION CLICK [HERE](#) TO GET THE WAIVER FORM.