



Kendall Soccer Coalition 2011 Summer Goalkeeper Training Registration Form

Player's Last Name:		Player's First Name:		Gender: Girl <input type="checkbox"/> Boy <input type="checkbox"/>	Birth Date:
Home Telephone:	Player's Cell Phone:	Player's Email:			
Parent/Guardian Name:					
Parent/Guardian Cell Phone:			Parent/Guardian Work Phone:		
Parent/Guardian Email:					
Home Address:			City:	Zip Code:	

2011 SUMMER GOALKEEPER TRAINING FEES

\$75 for once-weekly training session starting Tuesday, June 21 through July 28. Payment required in advance.

Complete this form, sign at the bottom, and contact Corrado Mion at 786-547-4178 or Marcos Fernandez at 305-965-0083. Submit this form with full payment payable to: Kendall Soccer Coalition.

INFORMED CONSENT/INSURANCE NOTICE

INFORMED CONSENT: I, the parent/guardian of the registrant, agree that we will abide by the rules of Kendall Soccer Coalition, the USL and all its affiliated organizations. My child wishes to participate in soccer during the season of this registration. I realize risks are involved in my child's participation. I understand that the risk to my child includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my child's participation.

Parent/Guardian
Signature _____

Date _____