



GLENFIR SOCCER ACADEMY WITH COACH CHRIS BENNETT 2010-2011 REGISTRATION FORM

Part-time Program Please select days you will be attending: Mon Tue Wed Thurs

Full-time Program (4 days per week)

Student's Name: _____ Date: _____

Date of Birth (Y/M/D): ____/____/____ Grade: _____ Gender: _____

Address: _____

Parents' Names: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Parent E-mail: _____ Student's E-mail: _____

Current Soccer Club: _____

Soccer Experience: _____

Athletic Achievements: _____

Academic Achievements: _____

Jersey Size: _____ Short Size: _____ Sock Size: _____

Soccer Coach References (2):

1. Name: _____ Phone: _____ E-mail: _____

2. Name: _____ Phone: _____ E-mail: _____

Emergency Contact Information:

Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-mail: _____ Care Card Number: _____

Are there any special needs or conditions that we should be made aware of? No

Yes (please specify): _____

Method of Payment*: Monthly (10 post-dated cheques required & admin. fee applies) Lump Sum

Parent or Guardian Consent

Student's Consent

**For payment options, please see Glenfir Soccer Academy Fees information sheet*