

KICKSTARTERS REGISTRATION FORM

(June Session)

Parent/Guardian (First and Last Name): _____

2nd Parent/Guardian (First and Last Name): _____

Address: _____

City: _____ State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Kickstarter Program Times: Please check box beside the program you are registering for. All programs cost \$100. This will include a Kickstarters Soccer t-shirt. Program will run for 4 weeks/2 times a week on Mondays and Wednesdays from June 3rd to June 26th, 2019. Classes will be held at the 4th Street Reservoir on the corner of E 4th St. and 34th Ave. E.

Kickstarters Classes:

Child's Name: _____

1. 2-4 years 4:20-5:00

2. 2-4 years 5:10-5:50

3. 4-6 years 6:00-6:50

Birthday (DD/MM/Year): _____

Child's age as of June 1st, 2019: _____

T-Shirt Size: 3T: 4T: 5T: YS:

Emergency Contact:

Name (First and Last): _____

Phone Number: _____ Family Doctor: _____

Medical Insurance: _____

Medical History: _____

We would like to use pictures from the sessions (i.e. action pictures) on the Kickstarters Website. Do you consent to allow your child(ren)'s photo(s) to be used? Yes No

Please complete form and email to kickstartersoccer@outlook.com or print form and mail with check payable to Kickstarters Soccer. Please mail to 804 Valley Dr., Duluth, MN, 55804. Note registration is not complete until payment has been received.