

KICKSTARTERS REGISTRATION FORM

(January – March 2019 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 8 weeks from Saturday January 5th until Saturday March 2nd, 2019 (No class February 23rd).

Kickstarter Classes:

- | | | |
|---------------------|-------------|---|
| 1. 18 mths- 2 ½ yrs | 9:00-9:35 | Child's Name: _____ |
| 2. 2-4 years | 9:40-10:20 | |
| 3. 2-3 years | 10:30-11:10 | Birthday (DD/MM/Year): _____ |
| 4. 2-4 years | 11:20-12:00 | Child's age as of January 1 st , 2019: _____ |
| 5. 2-4 years | 12:10-12:50 | |
| 6. 3-4 years | 1:00-1:45 | T-Shirt Size: 3T: 4T: 5T: |
| 7. 3-4 years | 1:55-2:40 | |

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.