Indoor Soccer • $10/class • T/Th classes 3:30-4:30

To register for **OTA's After School Soccer Team *(18 classes)*** *April 15th- June 12th ,* please complete this form and return it by **(4/10)** with cash or check made out to **Leigha Valenti**.
*May sign up for one day per week.

Student Name_____ **Grade**_____ **Age**_____

Parent/ Guardian Name_____

Home Phone (_____)_____ **Work Phone (_____)**_____

Email_____

Medical Issues?_____

While my child is participating in **soccer practice** at Old Town Academy, I acknowledge all risks on his or her behalf and likewise assume all responsibility for any injury or damages that may occur. I release, discharge and covenant not to sue Soccer instructors, other participants, and owners/leasors of premises used to conduct the activities. I have read the above waiver and release and understand that I give up substantial rights by signing it and I sign it voluntarily. I give my permission for my child to be video taped, photographed, and/or interviewed for promotional purposes while attending Soccer practice at Old Town Academy.

Signature_____

Please Print Name_____

** **Scholarships are available for all After-School Teams**. ** Please see the office (not the Coaches) for confidential assistance.