



2019 FALL Season C.T.T SOCCER

Enroll
Now!

● Mondays

- 1st Graders- 3:10PM- 4:10PM
- Upper Graders (2nd ~5th)-4:10PM-5:10PM

● Wednesdays

- Pre K4- - 3:10PM- 4:10PM
- Kindergarten- 4:10PM-5:10PM

" Please note, if the group reaches the maximum registration numbers, we will go with first come first serve policy for better service and safety reasons. "



"Keeping Kids Active and help kids fit it into their everyday routines. Doing so can establish healthy patterns that will last

Instructor: Zeno Cho

For any question, please contact

STLACADEMY2014@GMAIL.COM

Fees: \$160

Checks Payable to STL ACADEMY

7 Sessions
September 16th ~ October 30th

2019 CHRIST THE TEACHER FALL SOCCER REGISTRATION

PLAYER'S NAME: _____ (First) _____ (Last)

DATE OF BIRTH : (Month/Day/Year) _____ **Grade:** _____

SESSION DAY & TIME: (please circle the day & time)

MONDAY AT 310PM, MONDAY 4:10 PM, WEDNESDAY 3:10PM OR WEDNESDAY 4:10PM

Parent's E-Mail Address (Print it neatly using CAPITAL LETTERS):

_____ @ _____

_____ @ _____

(Program announcements via email)

2019 FALL SEASON LIABILITY WAIVER & CONSENT FORM

- I have certified to the director, by my signature below, that my child is in good health and physical condition and sufficiently able to participate in the above sport and the Program.

- I understand that I am required to have accidental medical coverage for the child and I verify that the information provided on this form is accurate and true

- I understand and agree that if I do not have accidental medical coverage for the child listed on this waiver, I will be financially responsible for all charges and fees incurred in the rendering of said treatment.

- I have advised the director of any limitations on my child's/ward's activities for medical reasons in writing below.

- In case of an injury, I authorize the coach to render first aid. I hereby authorize the coach to act for me in case an emergency and waive and release soccer activity from any and all liability for any and all injuries and illness occurred while at soccer session.

- The program is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken at the program may be used in any promotional materials

- I understand that at the conclusion of the scheduled camp/Clinic/Training session time the program and staff are no longer responsible for my child.

- I forever release, acquit, waive discharge, and covenant not to sue the coaching staff, school, STL ACADEMY, the committee, or any of the organizers, volunteers, trainers, or doctors, or any other persons, or organization involved in the soccer camp/session, or any of their regents, directors, officers, managers, employees, agent affiliates, attorneys, spouses, heirs, executors, administrators, successors, or assigns.

(Please confirm your acceptance by checking the boxes.)



List Any Relevant Medical Problems:

CELL PHONE/TEXT: _____ - _____ - _____

Parent/Guardian Signature: _____ **Signed Date:** _____

(Please note, if the group reaches the maximum registration, we will go with first come first serve policy.)

- Are you interesting to join the **Fun Fitness Program** during the **Winter Season** (Information will be provide upon the request)? Yes or No