



Kings Cross Physiotherapy & Sports Injury Clinic

SPEED FOR SOCCER

<i>Participant Information</i>			
Name:	_____	_____	_____
	First Name	Initial	Last Name
Date Of Birth:	_____		
	DD / MM / YYYY		
Address:	_____		_____
	#	Street Name	Apt.
	_____		_____
	City		Postal Code
Telephone:	_____	_____	
	Home	Cell	
Email:	_____		
Do you have any injuries at present? YES / NO	_____		_____
	Area Of Injury		Date Of Injury
Please list all sports you participate in:	_____		
Emergency Contact:	_____	_____	_____
	First Name	Last Name	Relationship to Participant
Telephone:	_____	_____	_____
	Home	Work	Ext. Cell

<i>Team Information</i>	
Team Name: _____	Age Group: _____
Coach: _____	

The Speed for Soccer Program will consist of 10 one-hour sessions at a *non-refundable* cost of \$200.00 per participant.

Strict attendance is strongly advised, as there will be no make-up sessions available. Session rescheduling will be at the discretion of the Program Director.

Refunds will be given to participants having to withdraw from the program due to illness or injury, upon submission of medical documentation from a health care professional.

PLEASE NOTE: *Refunds will be subject to a \$25.00 administration fee, and will be given on a pro-rated basis only.*

<i>Participation Agreement</i>	
I,	_____
	<i>Name of Parent / Guardian (Please Print)</i>
is permitted to participate in the Speed for Soccer Program.	
I understand my child's participation in this program is at his/her own risk, and I will not hold Kings Cross Physiotherapy & Sports Injury Clinic responsible for any injury my child may sustain while participating in this program.	
Parent / Guardian Signature	Date