

ELITE SOCCER ACADEMY by Isaac Ayiku

REGISTRATION FORM



Attached to Registration form:

- Waiver Form
- Schedule and Payment

Registration Deadline: June 15, 2011.

PLAYER INFORMATION

Last Name: _____ First name: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

Email: _____

School Attending: _____ Grade: _____

Date of Birth: ____/____/____ (DD/MM/YYYY) Age: _____

NWTSA # _____

PARENT / GUARDIAN INFORMATION

Name: _____ Relationship to Player: _____

Phone #: _____ Cell #: _____

Email: _____

2nd Contact: _____ Relationship to Player: _____

Phone #: _____ Cell #: _____

Email: _____

Medical Conditions: List any medical conditions, allergies, injuries or other activities that may prevent or restrict this player from full participation in soccer activities or their availability for play or practice. Use this space to list any other information the Academy should know about.

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WAIVER FORM



Elite Soccer Academy Assumption of Risk and Waiver

The parent and/or guardian of the named player registrant accepts the liability and risk associated with soccer as a contact sport and release the Elite Soccer Academy, its directors, coaches, agents and volunteers from any claim, damages, actions or causes of action arising out of or in consequence of any loss, injury or damage to the player incurred while participating in any soccer game, practice, tournament or other event approved by the Elite Soccer Academy, regardless of whether or not such loss, injury or damage arises by reason of any negligence of the Elite Soccer Academy, its directors, coaches, agents or volunteers.

The parent and /or guardian agrees to indemnify the Elite Soccer Academy, its directors, coaches, agents, and volunteers (the "indemnities") from any claims or demands which might be made against the indemnities arising out of the loss, injury or damage mentioned above.

Consent, Release, and Waiver

I hereby acknowledge that I have read and understand the information on both sides of this form and that the information on this form is accurate. I understand that any information taken from this form is used solely for soccer related purposes which include Elite Soccer Academy, NWTSA and CSA. I agree to abide by the rules of the NWTSA and give my consent for the above-registered child to participate in programs conducted by the Elite Soccer Academy. I understand that the above child shall not be considered registered until all fees are received in full by the

Elite Soccer Academy and all waivers have been completed, signed, and received by the Elite Soccer Academy.

Please Note: Current membership to the NWT Soccer Association is mandatory and must be completed by no later than June 15, 2011. Go to www.nwtkicks.ca to register online.

Parent/Guardian Signature: _____

Date: ____/____/2011

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SESSION REGISTRATION AND FEE



GROUP 1 BOYS AND GIRLS AGES 13-14 YEARS

SESSION HOURS- 8:30 AM TO 12:00 PM/NOON

SESSION	DATES	FEE	SESSION ATTENDING (please indicate)
SESSION 1	July 4 to 8	\$ 150	
SESSION 2	July 11 to 15	\$ 150	
-----BREAK-----			
SESSION 3	July 25 to 29	\$ 150	
SESSION 4	Aug 1 to 5	\$ 150	
TOTAL		+ GST (5%)	

GROUP 2 BOYS AND GIRLS AGES 15-17 YEARS

SESSION HOURS- 1:00 PM TO 5:00 PM

SESSION	DATES	FEE	SESSION ATTENDING (please indicate)
SESSION 1	July 4 to 8	\$ 150	
SESSION 2	July 11 to 15	\$ 150	
-----BREAK-----			
SESSION 3	July 25 to 29	\$ 150	
SESSION 4	Aug 1 to 5	\$ 150	
TOTAL		+ GST (5%)	

PAYMENT OPTIONS: Registrations are complete when full payment is received.

Cheque

Cash

Make cheques payable to **Isaac Ayiku**

Payments are non-refundable. However, in cases of cancelation by Instructor, all participants will be fully refunded.

Detail Your Experiences: Years of playing soccer (outdoor and indoor), teams played on, positions you like to play, tournaments you played in and anything else you can provide to help the coaches learn more about you.