SOCCER SPORTSPLEX, INC.

Program Registration Form

Participant's Name:__ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Age: __ __ __ Gender: __ __

Parents Names: __

Address: __

City: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ Zip: __ __ __ __ __

Phone Number:__ __ __ __ __ __ __ __ __ __ __ __ E-mail Address: __ __ __ __ __ __ __ __ __ __ __ __ _

Program:

Youth Instructional
- ❒ Session 1
- ❒ Session 2

4-4:50 PM or 5-5:50 PM
(circle one)

Youth Recreation League
- ❒ Session 1
- ❒ Session 2
- ❒ Session 3

(games take place anytime between 5 – 7:30PM on Tuesdays)

Striker Clinic
- ❒ Session 1
- ❒ Session 2

Junior Academy
- ❒ Session 1 (November – December)
- ❒ Session 2 (January – February)

T-Shirt Size: ❒ YM (10/12) ❒ YL (14/16) ❒ AS ❒ AM ❒ AL ❒ AXL

Registration deadline is 1 week prior to start of program.

Please Make Checks Payable to Soccer Sportsplex

Mail in or drop off at:

Soccer Sportsplex
31515 Lorain Rd.
North Olmsted, Ohio 44070
Phone: (440) 979-9997
Fax: (440) 979-1828

*** There is a $30 fee for all returned checks.**

I understand that I am responsible for the full payment of the registration fee, the required information, and the conduct of myself and/or child.

Signature: _____
(Parent/Guardian if participant is under 18)