

GOLDEN TOUCH SOCCER REGISTRATION APPLICATION



www.goldentouchsoccer.net

Email: bmwwin10@goldentouchsoccer.net

Please print or mail to:

Golden Touch Soccer LLC

1333A North Avenue

Box 202

New Rochelle, NY 10804

Voice: 1.914.654.9267

Child's Name: _____ D.O.B: _____

Parent's Guardian: _____ E-Mail: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Emergency Contact: _____ Emergency Phone: _____

Make check payable to **Golden Touch Soccer**

Winter Sessions

Please enter the class information you are enrolling your child, including date, time, and fee.

Class	Day	Time	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The Golden Touch Soccer assumes no responsibility for injuries or illnesses which my child may sustain as a result of his or her participation in any athletic activities, sports program, the use of equipment, exercise or other activities. I expressly acknowledge that I assume the risk for any and all injuries and illnesses which may result from my child's participation in these activities. I hereby release and discharge the Golden Touch Soccer, its agents, servants, and employees from any and all claims for injury, loss or damage, which my child may suffer as a result of his or her participation in these activities.

If there are any issues which may affect your child's participation (i.e., attention behavior), please contact me prior to enrollment. All information will remain strictly confidential.

Parent/Guardian Signature: _____ Date: _____