



REGISTRATION

Player Name _____

Player Date of Birth _____

Player address _____

Parent Name _____

Parent number _____

Parent email _____

Emergency Contact Name _____

Emergency Contact Number _____

Any known allergies _____

Please select which session you are registering for

☐ 5 weeks

☐ 1 x per week \$100

☐ 2 x per week \$120

☐ 10 weeks

☐ 1 x per week \$180

☐ 2 x per week \$200

**** Cash or Please Make Checks Payable To Seal Soccer Academy ****

Parent Signature _____

Date _____