



WARNER SOCCER PROGRAM APPLICATION

Session 1 2 3 4 5

Lil Kicks \$65.00 / \$105

Mini Kickers \$90.00 / \$135

Game Jerseys \$10

	Tuesday	3:45-4:15		Tuesday	4:30-5:30
	Thursday	3:45-4:15		Thursday	4:30-5:30
	Saturday	9:00-9:30		Saturday	9:45-10:45

Child's Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Home Phone _____

DOB: _____ Age: _____ Male _____ Female _____

Mother's Name _____ (w) _____

Father's Name _____ (w) _____

Email address: _____

Emergency Phone: _____ Cell: _____

Health Info (Please list any special problems): _____

School: _____

_____ My child has previously participated in a Warner Soccer Program and all information on file is accurate and correct.

In consideration of participation of _____ a minor in the Warner Soccer Program, I as a parent or guardian, have actual knowledge and appreciation of the particulars of the program and hereby voluntarily consent to said minor's participation and assume the risk arising there from.

Date: _____ Signature: _____

Annual Registration Fee \$25.00 Program Cost: _____ Total: _____

Method of Payment: Cash _____ Check _____ Credit Card _____

Credit Card #: _____ / _____ / _____

Expiration Date: _____ / _____ Amount to Charge: \$ _____

Warner Soccer Sports

1695 Metropolitan Circle, Suite 4

Tallahassee, Florida 32308

Phone: 850-386-3866 Fax: 850-386-5799

Email: warnersoccer@warnersoccer.com

Website: www.WARNERSOCCER.COM