



**SOCCER  
SIGN-UP!**

[www.excitesoccer.com](http://www.excitesoccer.com)

**EXCITE SOCCER IS HAPPENING NOW AT YOUR  
CHILD'S SCHOOL / CHILD CARE CENTER!**

*\*Registrations must be returned to your Children's Center front office*



To register, return form below along with program fee to the front desk of your child's school/learning center.

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Name of School OR Child Care Center..... Day / Time of Class..... Season: **W Sp Su F**

Participant's Name..... Room Number/Teacher.....

Age..... Mother's Name..... Work/Day Phone.....

Father's Name..... Work/Day Phone..... Home Phone.....

Address.....

Family E-mail..... Emergency Contact Name & Phone.....

**Please make checks payable to "Excite Soccer" and return to your children's center front office.**

**Liability Release:** I hereby release Excite Soccer Program, facilities contracted by, and staff thereof from any and all liability arising from injury or injuries sustained by my child while participating in the Excite Soccer Program. I hereby authorize Excite Soccer Program's employees to obtain medical care for injuries and/or illness that might affect my child, or which might occur during participation in the said soccer program. I further direct all medical or hospital facilities to accept this document as authorization to render medical care to my child should it be determined necessary. Your signature confirms you have read, understood and agreed to the rules and regulations the Liability Release stated in this form.



Parent/Guardian  
Signature.....  
Date.....

**SIGN UP TODAY!**