



Beachside Juniors Developmental Premier Training Program
Boys and Girls Registration 2011-2012 Season

Player Name: _____ Boy / Girl (please circle one)

Birth Date: ____ / ____ / ____ 5, 6, 7 yr / U9, U10 / U11, U12 / U13, U14 (please circle one)

Address: _____

City: _____ State: _____ Zip: _____

Parent / Guardian

Name: _____ Phone: () _____ - _____

Email Address (please print clearly): _____

Payment Options for Yearly Program
Sign up for Yearly Program Guarantees Spot

Pay In Full

August 1 \$1,000

Make two payments, and bill me accordingly

August 1 \$600

December 1 \$400

- 5% sibling Discount for yearly program participants ONLY

Please make checks payable to: BEACHSIDE JUNIORS and send registration and payment to: Beachside Juniors 10 Prospect Street, Unit #4 Norwalk, CT 06850

Note: Payment includes all outdoor training (10 sessions in Fall, 10 sessions in Spring) and indoor training (6 sessions) and all Intro sessions, as well as mandatory Juniors training kit and ball

Payment Options for Partial Program
Sign up for Partial Program - Spot only if space is Available

Fall only: \$450 paid in full with registration (includes Juniors Kit)

Winter only: \$325 paid in full with registration (includes Juniors Kit)

Spring only: \$450 paid in full with registration (includes Juniors Kit)

Note: Included one Juniors Kit per player, per year

Uniform Size
(Please circle one)

Youth Small Youth Medium Youth Large Adult Small Adult Medium

RELEASE FROM LIABILITY- PERMISSION TO TREAT - MEDICAL & PICTURE WAIVER

I hereby warrant that my child is in good physical condition and is capable of participating in this program. I hereby authorize the Beachside Juniors staff to act for me according to their best judgment in any emergency requiring medical attention for my child. I hereby waive and release Beachside Juniors, Beachside of CT, its staff, and any associated facilities, from any and all liability for any injuries and illness incurred during participation. I will be responsible for any and all costs of medical attention and treatment. Beachside Juniors is not responsible for personal items that are lost, stolen or damaged. I also understand that pictures taken during Beachside Juniors activities may be used in promotional materials.

ACCEPTED AND AGREED

Childs Name: _____ Parents / Guardian Printed Name: _____

Parent / Guardian Signature: _____ Date: _____