

FAIRFAX SPORTSPLEX NEXT STEP SOCCER REGISTRATION FORM

CHILD'S NAME _____

AGE_____ **DOB**_____

PARENT'S NAME_____

ADDRESS _____

HOME PHONE _____

EMAIL ADDRESS_____

FALL SESSION
8-MONDAYS
SEPT 20 – NOV 15
\$160.00

SPRING SESSION
8- MONDAYS
MAR 14 – MAY 9
\$160.00

**BY SIGNING THIS FORM, THE PARENT OR GUARDIAN ASSUMES FULL
RESPONSIBILITY AND RELEASES THE FAIRFAX SPORTSPLEX, IT'S STAFF
AND ANY AGENTS FROM ANY CLAIMS FROM INJURY WHILE ATTENDING
THIS CLASS**

SIGNATURE _____

DATE _____

(OFFICE USE ONLY) DATE PAID _____

