Previous Edge Activity ____ Internet/ Facebook ____ Offsite Event ____ PSDN ____ REC ____
REF ____

Contact Info on File ____
And checked as current ____

www.edgesportscenter.com

Phone: 970.472.0048 4450 Denrose Court
Fax: 970.472.0547 Fort Collins, CO 80524

WINTER
Kinder Kickers

Child Registration & Waiver Form (11/13/2017)

Follow us on Facebook!
www.facebook.com/TheEdgeSportsCenter

Child's FIRST Name _____ **LAST** Name _____ **AGE (3, 4, or 5)** _____
MUST Turn 3 BEFORE SESSION!

Parent or Guardian FIRST Name(s) _____ **LAST** Name (s) _____

Address _____ City _____ State _____ Zip code _____

Primary Phone _____ Email Address _____

CANCELLATIONS: There are no refunds for cancellations. If cancellation is made one week or more before start of session, the registration fee can be carried forward in full as a credit. Cancellations within one week of start of session, or after session has started, result in loss of registration fee.

		Monday	Tues	Wed	Thursday	Friday
Morning	9 am					3 & 4 Year-olds
	10 am	3 & 4 Year-olds		New Evening Classes!		4 & 5 Year-olds
	11 am	4 & 5 Year-olds				
Afternoon	12:30 pm				3 & 4 Year-olds	
Evening	4:15 pm			3 & 4 Year-olds		
	5:15 pm			4 & 5 Year-olds		

JANUARY - FEBRUARY

WINTER 2018
6-week SessionS - 1 hour/wk - $90

- Mon: Jan 8, 15, 22, 29; Feb 5, 12
- Wed: Jan 10, 17, 24, 31; Feb 7, 14
- Thu Jan 11, 18, 25; Feb 1, 8, 15
- Fri: Jan 12, 19, 26; Feb 2, 9, 16

Registration is first-come, first-serve until classes are full. Please call to check availability

YOU MAY JOIN AT ANY TIME DURING THE SESSION IF THERE IS SPACE AVAILABLE! If participant starts after the first week and signs up for **ALL** remaining weeks, cost is reduced - call for specifics. Otherwise, the single day rate is $15. **NO DROP-INS - MUST CALL AHEAD!**

We also offer Pre-School Football, Baseball, Basketball, Lacrosse & Tennis Classes!

Liability Waiver I hereby authorize the staff of The Edge Sports Center, LLC & the Kinder Kicker Instructors to act for the participant according to their best judgment in providing or arranging for emergency circumstances requiring medical attention. In consideration of the applicant being allowed to participate in the Kinder Kickers program, I acknowledge that I have had the opportunity to determine the nature of the activity and the manner in which it will be conducted and/or having waived the right to obtain such knowledge, do hereby assume all risks arising from or connected with said activity and release The Edge Sports Center, LLC, the owner of the facility, their employees and agents, from all liability of any kind or nature, whether caused in any way by negligence of the released parties or not, arising from the applicants participation in the league/clinic/camp/activity or presence on the premises.

Permission to use Photographs & Video Footage: I give my permission to The Edge Sports Center, LLC to use sports action or team photographs and/or video footage of the above named player in various Edge Sports Center, LLC marketing materials including, but not limited to, brochures, flyers, guides, DVDs & the Edge Sports Center, LLC website. I waive any claim to monetary compensation in any form from The Edge Sports Center, LLC for this usage.

I represent that I am the parent or legal guardian of the above named child and that I understand and agree to the above statements.

Signature _____ Printed Name _____ Date _____

New ____ Returning ____ Customer # _____ Date pd ____/____/17 Amt Pd for THIS Activity: $_____
If part of larger payment: $_____ HOW PD: Cash $_____ Check # _____ $_____ Visa/MC $_____ Coupon $_____ C.O.F. $_____

Processing Mgr: Jael Seth Christian Pat Phil Matt
Coupon and/or C.O.F note____ Form ___ Cust # ___ $'s ___ DB ___ Roster ___ Conf email & xfer to folder ___