

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

SPRING/LATE SPRING Kinder Kickers



Child Registration & Waiver Form (04/03/2019)



Child's FIRST Name	LAST Name		AGE (3, 4, or 5)	
Parent or Guardian FIRST Name(s)		LAST Name (s)		urn 3 <u>BEFORE</u> SESSION!
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	Thur	Friday
Morning	9 am					3 & 4 Year-olds
	10 am	3 & 4 Year-olds				4 & 5 Year-olds
	11 am	4 & 5 Year-olds				
	11:15 am					
Evening	4:15 pm			3 & 4 Year-olds	·	
	5:15 pm			4 & 5 Year-olds	·	

APRIL - MAY

SPRING 2019

6-week sessions 1 hour/week - \$90

Mon

Apr 8, 15, 22, 29; May 6, 13 Wed Apr 10, 17, 24; May 1, 8, 15 Apr 12, 19, 26; May 3, 10, 17

MAY - JUNE

LATE SPRING 2019

6-week sessions

1 hour/week - \$90

May 20; June 3, 10, 17, 24; Jul 1 Mon No class on May 27, Memorial Day

Wed May 22, 29; June 5, 12, 19, 26 May 24, 31; June 7, 14, 21, 28

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

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.

Signature	Printed Name	Date