



SPORTS REGISTRATION FORM

PRICE: \$200 PER SPORT

STUDENT NAME: _____ TEACHER: _____

AGE _____ BIRTHDATE: _____ PARENT E-MAIL: _____

PARENT NAME: _____ PHONE NUMBER: _____

INSTRUCTIONS: SELECT THE SPORT(S). THEN, SELECT THE THREE DAYS YOUR CHILD WILL ATTEND PRACTICE.
PLEASE NOTE: DAYS OF PRACTICE ARE SUBJECT TO CHANGE BASED ON ENROLLMENT.
SEASON: MARCH 1ST THROUGH MARCH 26TH

K4-1ST SOCCER / 3:00-4:00 P.M.



Choose the three days your child will attend below.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

2ND-3RD SOCCER / 4:00-5:00 P.M.



Choose the three days your child will attend below.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

2ND-3RD TRACK / 3:00-4:00 P.M.



Choose the three days your child will attend below.

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

WAIVER AND RELEASE: I (WE) HEREBY GIVE MY (OUR) APPROVAL TO MY (OUR) CHILD'S PARTICIPATION IN THIS ACTIVITY AND HEREBY, RELEASE, INDEMNIFY, AND HOLD HARMLESS CONCHITA ESPINOSA ACADEMY, INC., ITS STAFF AND EMPLOYEES, BY REASON OF MY (OUR) CHILD'S PARTICIPATION IN SAID PROGRAM.

PARENT SIGNATURE: _____ DATE: _____

ONE FORM PER CHILD. PLEASE RETURN FORM TO YOUR CHILD'S TEACHER AND MAKE YOUR PAYMENT ONLINE.