



DANNY DICHIO SOCCER SCHOOL 09 REGISTRATION FORM

Please fax this completed form to: 647-342-5854

First Name: _____ Last Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

D.O.B: _____ Home Phone: () _____ Cell Phone: () _____

E-mail: _____ Position 1st: _____ Position 2nd: _____

School/ Club:

T-shirts size: **(Please Circle)** (Youth) S M L XL
(Adult) S M L XL

Check Desired Session:

TORONTO SOCCERPLEX

TUESDAY EVENING

2002-1999(U7-U9) 6pm -7pm BOYS & GIRLS

1998-1995(U10-U13) 7pm – 8pm BOYS & GIRLS

SATURDAY MORNING

2002-1995(U7-U13) 9am - 10am BOYS & GIRLS

2002-1995(U7-U13) 10am - 11am BOYS & GIRLS

2002-1995(U7-U13) 11am - 12pm BOYS & GIRLS

Method of Payment Cheque Cash

AMOUNT = \$225 +GST

Please make cheque Payable to LFA Sports

Liability Waiver

- (i) My child, listed above, is in good health and has my permission to participate in all activities associated with the camp run by Danny Dichio Soccer.

- (ii) Danny Dichio Soccer, Inc, assume no responsibility and will not be held liable for and any accident resulting in medical, dental, and or any their expenses, associated with participation in this clinic.

Parent Signature

Date

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