



# JUST 4 KEEPERS

The No 1 For Goalkeeper Coaching

## JUST 4 KEEPERS REGISTRATION

T: 416-850-8518 F: 905 235-3715

E: [info@euroxpsoccer.com](mailto:info@euroxpsoccer.com)

W: [www.euroxpsoccer.com](http://www.euroxpsoccer.com)

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

M \_\_\_\_\_ F \_\_\_\_\_ Address: \_\_\_\_\_ City \_\_\_\_\_

Prov \_\_\_\_\_ Postal Code \_\_\_\_\_ Telephone: \_\_\_\_\_

Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Parents Names: \_\_\_\_\_

Health Card # \_\_\_\_\_

Please List any medical conditions/concerns: \_\_\_\_\_

T Shirt Size: \_\_\_\_\_ Pant Size \_\_\_\_\_ Glove Size: \_\_\_\_\_

**Program Location : Metro sports Center - ( Saturdays ) 2009-2010**

**Program Dates: Nov 7, 14,21,28 / Dec 5,12,19 / Jan 2,9,16,23**

**Feb 6,13,20,27 / Mar 6,27 / Apr 10,17,24**

**Program Cost: \$ 550.00, this includes tax and Goalkeeper Shirt..**

**Cheques Payable To: European Experience Soccer Inc. / All payments must be received prior to start of program. Times : 12:30 pm till 1:30 PM**

### CONSENT /WAIVER INFO (required form)

Student's Name: \_\_\_\_\_ Date \_\_\_\_\_

**Cancellation Policy:** Requests for refunds must be submitted in writing prior to the first session. A \$50.00 administration fee will be applied to all refunds. There will be no refunds once a program commences. A credit note minus \$50.00 administration fees will be given out to be used for any future J4K programs.

**General:** I hereby authorize Just4Keepers Canada permission to take Photos and Videos of son/daughter \_\_\_\_\_ in training sessions when required. Pictures/videos taken during class may be used only for promotional purposes and for training logs.

**Release/Waiver of Liability for a Minor Child:** I the undersigned, individually and as parent or guardian of my son/daughter \_\_\_\_\_, a minor, ask that he/she be admitted to participate in Just4Keepers Canada's training. In consideration of such admission, I do hereby agree to release, discharge and hold harmless the directors of Just4Keepers Canada and its employees from all causes, liabilities, damages, claims or demands whatsoever on account of any injury or accident involving the said minor arising out the minor's attendance during the program.

**Medical Authorization / Release:** I hereby authorize the directors of Just4Keepers Canada to provide care and medical treatment as necessary to my son/daughter \_\_\_\_\_. In the event that an illness or injury would require more extensive evaluation or treatment, I understand that every reasonable attempt will be made to contact me. However, in the event of an emergency, if I cannot be reached, I hereby give **consent for emergency care** prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent.

**Privacy Policy:** All personal information collected for billing, administration and J4K purposes will not be shared with or forwarded to a third party at any time without the permission of the client.

**I the undersigned, have reviewed and understood all the above information:**

Print Name of Parent/Guardian or Legal Age Student X \_\_\_\_\_

Parent/Guardian or Legal Age Student Signature: X \_\_\_\_\_

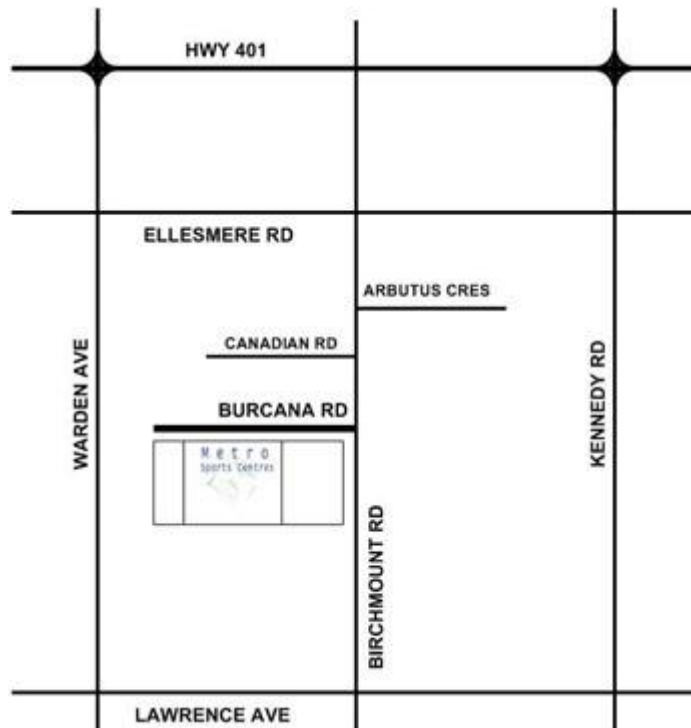


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## Map to Metro-Sport Center

1510 Birchmount Road (Entrance on Burcana Road) Unit 150  
Scarborough, ON  
M1P 2G6



## Payments should be mailed to

European Experience Soccer  
1085 Bellamy Road, Suite 217  
Toronto, Ontario  
M1H 3C7