



## SMALL GROUP TRAINING REGISTRATION FORM

**Parents - please fill out registration form mail to us with the fees or bring to the first training session**

**Mail to:**  
**Chicago Inter Soccer Club**  
**14007 S. Bell Rd**  
**Mailbox# 132**  
**Homer Glen IL 60491**

Participant First and Last Name \_\_\_\_\_

Number of Sessions \_\_\_\_\_ Min - 8

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_

### Parent Consent Form:

The above named applicant is in good health and has my permission to participate in this program. In addition, I authorize the Chicago Inter staff to act for me in securing medical treatment for the above named applicant in the event of injury or sickness. This registration requires that a parent/guardian sign below to agree that in case of an accident involving their child while attending the soccer clinic, its ownership, staff is removed from any and all liability.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_