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1st Touch Soccer, 397 Ravineview Way
Oakville, Ontario, L6H 6S7
647-989-4007

Program Code: _____ **Location:** _____

Name: _____ **DOB:** _____

Address: _____

City: _____ **Phone:** _____

E-mail: _____

Guardian(s) Name: _____

Guardian(s) #: _____

Emergency Name & Contact # _____

Allergies/Illnesses: _____

Health Card # _____

Amount Enclosed: _____

How did you hear about us? _____

Please make cheques payable to:

**1st Touch Soccer
397 Ravineview Way
Oakville, Ontario
L6H 6S7**

Parent/Guardian Acknowledgment

I hereby personally and as a parent/guardian of the applicant release 1st Touch Soccer, it's officials, directors, executives from any actions or lawsuits arising from any injury or accident to the player, during games, practices or any other activities.

Also, by the signature below, I certify that the information given in the application is true and accurate.

Signature: Waiver will be signed at first session

Registration & Refund Policy

Once payment is received, your spot is reserved and therefore limiting spaces to other players. We do NOT issue refunds for sessions or sessions missed. You may switch your session dates without penalty as long as space is available.