

## Shattuck – St. Mary's Soccer – Winter Academy Training Application

*WINTER ACADEMY TRAINING TAKES PLACE EVERY MONDAY AND THURSDAY*

**PLEASE CHECK THE BOX IF YOU WANT TO PARTICIPATE IN A TEAM TOURNAMENT**

YOU MAY MAIL OR FAX THIS APPLICATION TO SHATTUCK-ST. MARY'S SOCCER AT (507) 333-1565  
PAYMENT MUST ACCOMPANY THIS APPLICATION – PERSONAL CHECK OR CREDIT CARD ACCEPTED

**Name:**  **Birth Date:**  **Age:**

**Gender:** M F    **Shirt Size:** YL AS AM AL    **Short Size:** YL AS AM AL

**Home Address:**

**City:**  **State:**  **Zip Code:**

**Parents/Guardian Names:**

**Email Address:**

**Day Phone:**  **Evening Phone:**

**Name of Emergency Contact:**

**Emergency Contact Phone:**

**Name of Current Club Team:**

**Payment choice:** Visa  MC  AMEX  Check  Check # \_\_\_\_\_

**Card #** \_\_\_\_\_ **Exp Date** \_\_\_\_\_

**Name on Card** \_\_\_\_\_ **Security Code** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date Signed** \_\_\_\_\_

Parental Release – I release all employees of the Shattuck-St. Mary's School and any other party involved in the organization and administration to and from the site. I hereby declare that the participant is in good physical health, and, in case of emergency, I grant permission for my child to receive medical treatment at a local hospital. By signing this form, I hereby accept all responsibility and assume all costs that might be incurred in the event of an injury or accident. I agree that I will not receive payment refund for any circumstances with the exception of a medical emergency.

All cancellations must be received prior to the first week of Academy training to qualify for refund of camp fee, minus the non-refundable deposit of \$100. Failure to meet this deadline means forfeiture of all payments. I understand that training sessions cancelled due to the threat of inclement weather or unsafe driving conditions will not be rescheduled. Parents/Guardians agree to promotional use of the email address and photos taken of their children during activities associated with all Academy functions and/or activities.

Parent/Guardian Signature: \_\_\_\_\_ Date Signed: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received	Academy Tuition	Academy Payment	Total Received	Balance Due