

Jungle Gym



Soccer Program for Children

REGISTRATION FORM

Child's Name _____ Age _____

Program Name & School _____

Amount Paid _____ Method of Payment _____

Your Name (Parent/Guardian) _____

Mailing Address _____

Phone # _____ email _____

Notes (any relevant information about your child such as eyesight, hearing, or medical issues):

YES NO - I acknowledge my child will be participating in the Jungle Gym Soccer Program and pictures will be taken and can be uploaded to Jungle Gym's social media accounts

Signature _____ Date _____

Please print, fill out, and return to Jungle Gym