

**REGISTRATION FORM:**

**Space is extremely limited. Please register immediately to secure your spot.**

**Please circle week(s) your child will attend, fill in information below and send this form back along with your check made to MKS**

**You will receive a registration confirmation by email.**

Week 1

Week 2

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Phone: ( ) \_\_\_\_\_

Parent Name: \_\_\_\_\_

Day Phone: \_\_\_\_\_

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

Please enclose your check made payable to: **Manhattan Kickers SC** and mail to:

**Erwan saunier  
19 Stuyvesant Oval, #6E  
New York, NY 10009. USA.**

**Please read and sign below:**

I verify that my child has been checked by a physician and is physically able to participate in a sports program. I understand that injuries can happen when participating in such a program and that I, hereby, release, indemnify, and hold harmless The Manhattan Kickers Soccer Camp and Con Edison and its employees and its agents from any liability for damages to or loss of personal property, sickness and/or injury that may befall my child during his/her participation in our soccer program. The Manhattan Kickers Soccer Camp and Con Edison will not be held legally culpable in these events. I understand and agree that Con Edison has the right to exclude any individual(s) from the facility who does not conform with its rules or is otherwise disruptive, destructive of property or behaves in a way unacceptable to Con Edison.

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ 2021.