



# Kix 4 Kidz Registration Form

Please see website ([www.brystsoccer.com](http://www.brystsoccer.com)) for program details:

Program Code: \_\_\_\_\_  
Start Date: \_\_\_\_\_

Program Day/Week: \_\_\_\_\_  
Program Location: \_\_\_\_\_

Blue (age 4-5) 1-hour *\*indoor only\**

Quarter-Day (age 4-5) 9-10:30am **or** 10:30am-12pm *\*camp\**

Junior (age 6-11) 1.5-hours *\*indoor only\**

Half-Day (age 6-11) 9am – 12pm *\*summer camp only\**

Full-Day (age 8-11) 9am – 4pm *\*summer camp only\**

**\*\*Please see website for prices, exclusion dates & discount options\*\***

**Player Information: (One player per form)**

Male  Female

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

Birth Date: (Month/Day/Year) \_\_\_\_\_ Current Age: \_\_\_\_\_

**Address Information:**

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

City/Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell/Work #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**(To be used for your confirmation package/receipt and future communications)**

**Daytime Emergency Contact Info (Summer Camp only):**

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Program Fee: (Only one discount applies)**

Program Amount \$ \_\_\_\_\_

Sibling or Multi-Program Discount – 5% \$ \_\_\_\_\_

Other Discount: Please Specify \_\_\_\_\_ \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

(HST# 88647 7819 RT001) Add 13% Tax: \$ \_\_\_\_\_

**Total Amount:** \$ \_\_\_\_\_

**Method of Payment (circle preferred option):** Full Payment or Two Payments *\*please contact office if payment plan is needed\**

VISA  MasterCard  Cheque  Money Order  E-transfer (contact office for details)  Cash (do not send cash by mail)

Visa / MC #: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Office Use Only:**

Payment: \_\_\_\_\_ Registered: \_\_\_\_\_ Conf. Sent: \_\_\_\_\_