



APPLICATION FOR ENROLLMENT – Fall 2014
Co-op School – Irving Place

CHILD'S NAME: _____
first last

BIRTH DATE: / / SCHOOL: Co-op GENDER:

HOME ADDRESS: APT. #:

HOME TELEPHONE: () ZIP CODE:

PARENT 1:
NAME: E-MAIL:

WORK PHONE: () CELL PHONE: ()

PARENT 2:
NAME: E-MAIL:

WORK PHONE: () CELL PHONE: ()

PEDIATRICIAN: TELEPHONE: ()

DIETARY OR HEALTH RESTRICTIONS:
(Please be as specific as possible)

****TO ENROLL YOUR CHILD, PLEASE CONTACT THE CO-OP SCHOOL**

Location: 87 Irving Place
Day: Monday
Time: 4:00 – 4:45 pm
Ages: 3-4
Dates: 10/6/14 – 12/8/14
No class 10/13

****Please mail or fax applications to the Co-op School Office****

PLEASE READ, SIGN, AND DATE THE FOLLOWING PAGE OF THIS APPLICATION
UNSIGNED APPLICATIONS WILL BE RETURNED
COMPLETED APPLICATIONS CAN BE FAXED BACK WHEN PAYING BY CREDIT CARD,
OR MAILED WITH EITHER A CHECK OR A CREDIT CARD NUMBER (Please see following page)

ENROLLMENT AGREEMENT

I, _____ am the parent/guardian of _____, and I certify that my child has no known medical or other conditions that could interfere with his/her participation in Super Soccer Stars' activities. I also understand and accept that the practice of soccer, both indoor and outdoor, involves certain risks of physical injury. Therefore, I, individually and on behalf of my child listed above, hereby release, discharge, and hold harmless Round Star, Inc. d/b/a/ Super Soccer Stars and each of its respective parent, subsidiary, and affiliated companies, and each of their respective officers, directors, agents, representatives, employees, successors, assignees, and licensees (hereinafter, "the Released Parties") from any and all claims, actions, damages, losses, liabilities, costs and expenses of any kind whatsoever, including but not limited to any claims of negligence, arising out of, resulting from, by reason of, or in connection with my child's participation in any Super Soccer Stars program or activity. I agree that I will not bring or be a party to any legal action or claim against the Released Parties, or any of them, based upon or arising out of my child's participation in any Super Soccer Stars program or activity on any legal theory whatsoever (including without limitation personal injury, negligence, rights of privacy and publicity, or defamation).

I understand and agree that Super Soccer Stars has the right to terminate the enrollment of any child from Super Soccer Stars if it, in its sole discretion, determines that the continued attendance of the child in the program is not in the best interest of the child nor the program. I agree to supervise or designate a responsible adult to supervise my child prior to and immediately after his/her Super Soccer Stars activities.

Super Soccer Stars and its agents reserve the right to take and utilize photographs, video, or any type of recording of participating children and their parents, caregivers, or anyone accompanying them to Super Soccer Stars while engaged in our classes or associated activities. I consent to Super Soccer Stars' use the photograph, video, or recording of my child, me, or the guardian I have designated for advertising, promotional, or related purposes, and waive all rights to compensation and other rights which may arise as a result (including any rights under N.Y. Civil Rights Law 50).

BY SIGNING AND DATING BELOW, I ACKNOWLEDGE I HAVE READ AND I ACCEPT ALL ENROLLMENT CONDITIONS.

Full name

Signature

Date

If paying by Credit Card, please fill in below:

Credit Card number: _____ Credit Card type: Visa MasterCard American Express

Expiration date: _____ Name as it appears in card: _____

Amount you authorize us to charge: _____ Signature: _____