

APPLICATION FOR ENROLLMENT - Spring 2015 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: ()				
<u>DIETARY OR HEALTH RESTRICTIONS</u> : (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

4/20-6/15 (No class 10/13) Dates: Fee: \$200 for the season

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)

606 Columbus Ave, New York, NY 10024 e-mail: info@supersoccerstars.com Telephone: (212) 877-7171 Fax: (212) 616-7171

ENROLLMENT AGREEMENT

I,am the problem to be a more provided in accept that the practice of soccer, both indoor and of my child listed above, hereby release, discharespective parent, subsidiary, and affiliated confemblyees, successors, assignees, and licensees liabilities, costs and expenses of any kind whatsoe by reason of, or in connection with my child's particle a party to any legal action or claim against the Releasing Super Soccer Stars program or activity on any legal privacy and publicity, or defamation).	outdoor, involves certain risks of rge, and hold harmless Round smpanies, and each of their resolver, including but not limited to accipation in any Super Soccer Stareased Parties, or any of them, bas	physical injury. Star, Inc. d/b/a/ spective officers s") from any and any claims of neg s program or act and upon or arisir	Stars' activities. I Therefore, I, indiving Super Soccer Start, directors, agent all claims, action pligence, arising out of my child!	dually and on beha ars and each of it ats, representatives as, damages, losses ut of, resulting from I will not bring or b s participation in an
I understand and agree that Super Soccer Stars h sole discretion, determines that the continued atter I agree to supervise or designate a responsible a activities.	ndance of the child in the program	is not in the bes	t interest of the ch	nild nor the program
Super Soccer Stars and its agents reserve the righ and their parents, caregivers, or anyone accompar I consent to Super Soccer Stars' use the photo advertising, promotional, or related purposes, and any rights under N.Y. Civil Rights Law 50).	nying them to Super Soccer Stars ograph, video, or recording of r	while engaged my child, me, or	in our classes or a the guardian I	associated activities have designated fo
BY SIGNING AND DATING BELOW, I CONDITIONS.	ACKNOWLEDGE I HAVE	READ AND I	ACCEPT AL	L ENROLLMEN
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:			

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