



(Second choice) **REGISTRATION FORM**
2024 - 2025 SPORTS CLINIC Club
 (Valid for the whole school year)

PRICE (per month)

Description	Monthly Rate
Once a week (1)	\$ 70.00
Twice a week (2)	\$ 115.00
Three times a week (3)	\$ 155.00
Four times a week (4)	\$ 195.00

There is a one time registration fee of \$25 (Cash/Venmo/Checks)
Checks: made to DSA
Venmo: @dsaSports

Check the box with the days your child will attend

MONDAY: _____ (Soccer - K - 2nd - Multi-sport (3rd - 5th))
TUESDAY: _____ (Soccer (3rd - 5th) - Multi-sport (K - 2nd))
WEDNESDAY: _____ (Soccer (K - 2nd) - Multi-sport (3rd - 5th))
THURSDAY: _____ (Soccer (3rd - 5th) - Multi-sport (K - 2nd))



Participant's name: _____ Grade: _____

Mom's name: _____ Cell #: _____ Email: _____

Dad's name: _____ Cell #: _____ Email: _____

EMERGENCY CONTACT: Name: _____ Cell #: _____

Medical Needs (Allergies)/Other Special Needs: _____

Additional Persons Authorized to Pick Up:

1) _____ 2) _____

I, _____, have read, agreed, printed, and made a copy of this Registration Form as well as the Sports Clinic Program Parent and Student Handbook, including the Parent Contract and Student Code of Excellence; and agree to cooperate with all of the policies contained therein. (All these documents can be found in the DSA Clubs website: www.DSAisFun.com)

 Parent/Guardian (Print name)

 Parent/Guardian (Signature)

 Date



*** Parents/guardians must understand that this type of program may incur injury. Any and all expenses and medical care will be the responsibility of the parents/guardians. Neither the school nor DSA Sports & Recreation, Inc. will be held liable.**