

REGISTRATION FORM GOALKEEPERS ONE



Participant's Last Name: _____

Participant's First Name: _____

Age: _____

Birth Date (MM/DD/YYYY): _____

Registration Date: _____

Address (Street / Ave / Unit / Building): _____

City: _____ State: _____ Zip: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Email: _____

SPECIALS OBSERVATIONS (Allergies, preferences, special cares, etc)

My signature below confirms and consents to the following:

I agree to pay for payments practices, tournaments, uniforms, and services of referees and courts, in addition to any payment related to the participation of my child in activities organized by the GOALKEEPERS ONE and I also agree with the cancellation policies and non-refund of payments..

Parent /Guardian Printname _____

Signature of Parent/Guardian _____



GOALKEEPERSONE1@GMAIL.COM



(786) 599 95 08



@GOALKEEPERSONE