



registration form

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Please print off this form, fill out the following information in pen and mail it to us (address below) or bring it to the first session:

Fitba Corporation
P.O Box 93633 Nelson Park
Vancouver, BC Canada V6E 4L7
Tel: 604.340.1263

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I would like to register for the following program(s) (please mark your selection with an 'X'):

- | | | |
|--|---|---|
| <input type="checkbox"/> Individual Training | <input type="checkbox"/> Fitness Training | <input type="checkbox"/> High Performance Academy |
| <input type="checkbox"/> Small Group Training | <input type="checkbox"/> Simple Simon Mini-Soccer | <input type="checkbox"/> Goalkeeping |
| <input type="checkbox"/> Team Training | <input type="checkbox"/> Fitba Junior | <input type="checkbox"/> Youth Mentorship Program |
| <input type="checkbox"/> Fitba Fitness System™ | <input type="checkbox"/> Fitba Intermediate | |

I would consider my skill level: Beginner Bronze Silver Gold Metro National

Last Name: _____ First Name: _____

ADDRESS

Street: _____ City: _____
Province: _____ Postal Code: _____

PLAYER INFORMATION

Player's date of birth i.e.(MM/DD/YYYY): ____/____/____ Sex: Male Female

Home telephone number: (____)____-____ E-mail address: _____

MEDICAL AND EMERGENCY INFORMATION

List medical conditions/medications:

Emergency contact name: _____
Emergency contact telephone number: (____)____-_____

ASSUMPTION OF LIABILITY

Fitba Corporation shall not be held responsible for any injury to a player during a session/program. By sending your information to us, you are agreeing to these terms and conditions.