



HappyFeet soccer

HappyFeet Soccer Registration Form

(Please print legibly, all information is required)

For quick and easy registration snap a pic of this fully completed form and EMAIL it to billing@happyfeetsouth.com or leave it at your school's front desk or HappyFeet Tuition box.
ONLINE REGISTRATION IS AVAILABLE AT: www.HappyFeetAtlanta.com

SCHOOL: The Chastain School

DAY/TIME: Tuesday's 9:30 am

CHILD'S NAME: _____ AGE: _____

E-mail #1 _____ *Main Communication Tool

E-mail #2 _____ *Main Communication Tool

Phone Number #1 _____ Phone Number #2 _____

Parent/Guardian Name(s) _____

Registration Fee: \$25

Monthly Tuition: \$45

**Fee paid one time per family*

HappyFeet Size 3 ball (\$18) YES NO HappyFeet Jersey (\$15) YES NO *Jersey Size: YXXS YXS YS YM

**Please circle*

**Please circle*

**Please circle*

TOTAL INITIAL CHARGE: _____

Tuition is due on the 1st of every month. Credit card payments will be processed automatically

Payment Information:

Credit Card #: _____ Exp. Date: ___/___ CW: _____

Name as it appears on card: _____

Billing

Address: _____ City: _____ Zip: _____

Signature: _____

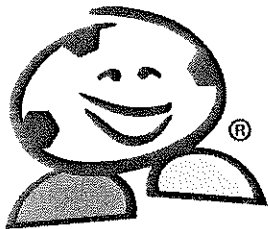
**signature required for participation and indicates you have read and agree to the terms of the waiver and policies located on the back of this form.*

www.HappyFeetAtlanta.com

678-228-8680

Julio@HappyFeetSouth.com





HappyFeet SOCCER

HappyFeet Soccer Policies:

1. I understand that my child is considered enrolled in HappyFeet classes & tuition is due until I provide a 30-day written notice to billing@happyfeetsouth.com
2. I understand a \$5 late fee will be added to my child's account if tuition is not paid by the 15th of each month.
3. I understand I will be responsible for a \$25 admin. fee for any returned check.
4. I understand all communication will be handled through the email I provided above.

Waiver/Indemnification: As parent/Legal guardian of the child named herein, I hereby represent that the child has been examined by a pediatrician and is physically fit to participate in HappyFeet Soccer. I understand that there are inherent risks in participating in this athletic program. I hereby accept responsibility for and agree to pay any and all costs of medical treatment resulting from any injury suffered by my child as a result of his/her participation, and/or representatives from any and all liability, damage, cost or expense arising out of my child's participation, of every kind and nature in HappyFeet events. In the event that I cannot be reached in emergency, I hereby give permission for care to be administered by a qualified HappyFeet, Inc. staff member, EMT, physician/staff or hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child.

Special Notification: Your HappyFeet coach is not an employee of the school or child care program and will be providing instruction to your child without direct supervision by the child care program staff.

Billing Waiver: To take enjoy the convenience of automatic billing, simply complete in full the credit card information section on the front side of this form. Upon approval, we will bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel or change this automatic billing authorization at any time by contacting us.

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