



**2018 WINTER FUTSAL REGISTRATION**  
**SMITHTOWN HIGH SCHOOL EAST (Gyms)**  
 Jan. 7, 14, 21, 28; Feb. 4, 11

Session 1: U9/10 Boys/Girls 12:00-1:30  
 Session 2: U11/U12 Boys/ Girls 1:30-3:00  
 Session 3: U13/U14 Boys/ Girls 3:00-4:30  
 Session 4: U15 & Up Boys/ Girls 4:30-6:00

**Pre-Registration Cost: \$160, \$10 discount each additional sibling**  
**Cost at School: \$180 – NO EXCEPTIONS**  
**PRE-REGISTRATION DEADLINE 1/5/18**

Name: \_\_\_\_\_ Age Group: \_\_\_\_\_  
 Street: \_\_\_\_\_ Team Name: \_\_\_\_\_  
 City/State/ZIP: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_ Sex: M / F  
 DOB: \_\_\_\_\_ Session: 1 2 3 4 please circle

**Consent Form**

The law requires that parental permission be obtained so that urgent medical attention can be administered to minors. The consent below must be signed by parents/guardians. I hereby give the above applicant permission to attend Smithtown Kickers Camp. I verify to the best of my knowledge that the child is physically able to participate in the activities of the camp. I agree to allow my child to be treated, if necessary by a physician and/or trainer while attending. I understand that soccer is a contact sport and that physical injury may occur during the course of training, practice and games. I also understand Tom Lips is not responsible for damage and or loss of personal items.

**Please list any health concerns here:** \_\_\_\_\_  
 \_\_\_\_\_

**Parent/Guardian Signature or Player (over 18)** \_\_\_\_\_

**POLICY: No refunds will be given once clinic is in progress!! THERE WILL BE NO PRO-RATING**  
**ANY RETURNED CHECK IS SUBJECT TO \$25 PENALTY**

Contact: \_\_\_\_\_  
 Second Emergency Contact: \_\_\_\_\_  
 Parent Cell #(s): \_\_\_\_\_

**Please Make Checks Payable to: Smithtown Kickers**

**Mail Registration & Check to:**  
**Smithtown Kickers**  
**28 Borrell Court**  
**St. James NY 11780**  
**www.lips-soccer.com**