

# HAPPYFEET = GREAT SOCCER FUN!

- ♥ Enhance motor skills!
- ♥ Professionally trained coaches teach the age appropriate curriculum for incredible results!
- ♥ Classes are non-competitive and boost children's self-esteem and confidence!
- ♥ Four 30 minute classes per month!
- ♥ Only \$40 per month!

**FUN & MOTIVATING**

**HEALTHY**

**CONVENIENT & SAFE**

**QUALITY**

**AGE APPROPRIATE**

**TRY BEFORE YOU BUY**

**CLASSES HERE**

**Monday & Tuesdays at 2:45!!**

## Collierville United Methodist Registration Form

Child's Name \_\_\_\_\_

Age \_\_\_\_\_ Birth Date \_\_\_\_\_ Boy/Girl \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

School : **Collierville United Methodist**

Parent's Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_

E-Mail \_\_\_\_\_

**(Invoices & coupons are emailed- please print!)**

May we use your images of your child in our marketing materials? Y / N

Return Payment plus this form to Peggy Fritz or  
HappyFeet 3606 New Gale Cove, Collierville, TN  
38017

Payment by \_\_\_ Check or \_\_\_ Credit Card (No cash!)

**Please Make All Checks Payable to HappyFeet**

Card # \_\_\_\_\_

Exp. Date \_\_\_/\_\_\_/\_\_\_ (Month/Year) Amount \$40.00

Name as it appears on the card:

\_\_\_ Check here if you do **not** want monthly fees  
automatically deducted at the first of each month.

**Waiver/Indemnification:** Parent or legal guardian must sign below before player is accepted to participate in the Happy Feet program: 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 Happy Feet. I understand 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 in Happy Feet. I further agree to indemnify and hold harmless Happy Feet, Inc., its agents, servants, employees 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 Happy Feet events. In the event that I cannot be reached in an emergency, I hereby give permission for care to be administered by a qualified Happy Feet, Inc. staff member, EMT, physician/staff of a hospital, or any other qualified individual to provide any medical treatment deemed necessary for my child.

**Signature of parent or legal guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

3606 New Gale Cove/Collierville, TN/38017/ 853-8844

[www.happysoccerfeet.com](http://www.happysoccerfeet.com)