



Tel: +971 (0)50 114 2283
 +971 (0)50 466 1358
 +971 (0)4 283 9819

E-mail: admin@meysoccer.com www.meysoccer.com

REGISTRATION FORM (PLEASE COMPLETE IN CAPITAL LETTERS)

INVOICE NO: _____

NAME: _____

PHONE 1: _____

DATE OF BIRTH: _____ / _____ / _____

2: _____

DAY MONTH YEAR

CHILD'S SCHOOL: _____

E-MAIL 1: _____

If you wish to receive more information about MEYSO running your child's birthday party this year please tick here:

2: _____

SESSION 1: _____ Age Group: _____

SHIRT NUMBER: _____ SIZE: _____ NAME: _____

SESSION 2: _____ Age Group: _____

TIME: _____ VENUE: _____

SESSION 3: _____ Age Group: _____

TIME: _____ VENUE: _____

TIME: _____ VENUE: _____

General Conditions:

Please complete this form before your child commences his/her first session. Children will be placed in groups by their age and ability to maximize their potential. You will be contacted either by e-mail or mobile number provided on this form if a session is cancelled or in case of an emergency. If your child is unable to attend a session, MEYSO would appreciate if you could inform your coach, at least 24 hours in advance.

IMPORTANT NOTE: Players must wear **full academy kit** and **shin pads** at all sessions.

Payment Conditions:

Annual registration fee with MEYSO Soccer kit	AED
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Annual registration fee includes the medals, certificates, Socc-assessment merchandise and administration.

The table below shows a breakdown of the rates for this year. Payments should be made in advance on a half-term/ full term/ yearly basis in cash, credit card, or cheque made payable to "Middle East Youth Soccer Organisation FZE".

Term	Term 1 Half Term	Term 1 Full Term	Term 2 Half Term	Term 2 Full Term	Term 3 Full Term
Total Weeks					
Price for 1 session per week					
Price for 2 sessions per week - Third session FREE!*					
Discounts & combined rates	Full year (one / two session(s) per week) = AED				
Siblings half term -50 AED	Term 1 & 2 (one / two session(s) per week) = AED				
Full Term -100AED	Term 2 & 3 (one / two session(s) per week) = AED				
APC -15% (Cash only)					

PAYMENT INFORMATION (if required): _____

Please refer to the MEYSO Calendar for the payment dates and bring the exact amount of money in an envelope with your child's name on it and description of which sessions they wish to attend.

No refunds or credit can be made due to sessions missed. Missed classes cannot be carried over to the next half term.

***Please note, third free session DOES NOT include advanced academy sessions which will be invitation only.**

Medical Info: _____

Disclaimer
 I certify that my child is in excellent health and may participate in strenuous physical activities such as soccer. I agree to defend and hold harmless MEYSO, its servants, agents and/ or employees and contractors from any and all claims for injuries sustained by my child during his or her participation in the academy. Permission is granted for my child to receive emergency medical treatment, such as CPR. I certify that there are no limits to my child's participation, except as stated in writing on this form.

Parent/ Guardian's Name & Signature _____ Date: _____