



2010 Summer Youth League Registration

Name of participant _____
Age ____ Gender _____ Date of birth: _____
Address _____ City _____
Zip _____ Phone _____
Email _____
Name of guardian _____

Grade Level (please select)

- **Grades K-1** ____
- **Grades 2-3** ____

Session Dates (please select)

- **Summer Session I** ____ (July 5th - July 28th)
- **Summer Session II** ____ (August 2nd - August 25th)

Parent Signature _____ **Date** _____

Please include payment with registration. Total payment included ____

Send Registrations to

Soccer World

Attn: Kevin Lowery

380 Woodlake Dr. SE

Rochester, MN 55901

Refunds and Cancellations

Full Refunds will be given if medical conditions (confirmed by a doctor's note) prevent participation. For

cancellations, a 50 % refund is granted to participants who cancel out of the session for any other reason than a medical one. No refund is given for cancellations after the first day of each session.

Credit Card Payment Option (Circle One): Visa MasterCard

Card Number: _____ Exp: _____ Mailing Zip Code: _____