



Carlos Oliveira Soccer Academy

Brazilian Soccer System

2768 East 16th Street, Brooklyn, NY 11235

917-532-3512

www.COSAcademy.com

REGISTRATION FORM

We reserve the right to cancel classes due to low enrollment. Any classes cancelled due to inclement weather will be rescheduled or make-up will be announced. Other than for weather-related cancellations, participants will be allowed only two (2) make-up classes within a 12 month period. No refunds whatsoever. Sessions are 1 hour long.

First Time Participant () Returning Participant ()

Season: Spring () Summer: Soccer (), Dual () Fall () Winter ()

Location: _____ Time: _____ Group's Name: _____

*Please check our website for available location, days and times. Or, if you want to have your own private group, contact us for more information.

Private Group's Name: _____

Choice of Day: Mon () Tue () Wed () Thu () Fri () Sat () Sun ()

Participant's Name: _____ Date of Birth: _____ Age: _____

School (if applicable): _____ Grade: _____

Home Address: _____ City/State _____ Zip: _____

Father's Name: _____ Cell Phone: _____

Mother's Name: _____ Cell Phone: _____

Home Phone: _____ Emergency Phone: _____

Best E-mail Address: _____

I, _____, am the parent/guardian of _____ and warrant that the participant is in good physical conditions and is able to participate in this program, I authorize Carlos Oliveira Soccer Academy and its staff to act on my behalf in their best judgment in any emergency requiring attention to the participant. I also release, discharge and hold harmless Carlos Oliveira Soccer Academy and all of its staff and employers from any claims whatsoever, including but not limited to, injuries that may result to any participant while engaging in any activity within that program or as a result of any such activities. Furthermore, I agree to the terms of this program as set forth above.

Adult Signature (must be over 18 years of age): _____ Date: _____