



Memorial Indoor Soccer Academy Registration

Memorial Indoor teaches an advanced and technical soccer program for ages 2-16. Our personal and unique program is designed to build self-confidence and progresses from basic to very advanced soccer techniques. We develop the technical, physical and mental aspects of soccer while giving personal attention to all players. The indoor training facility's layout and dimensions, along with our licensed trainers, give for a perfect atmosphere to teach and get the players ready for all competition. Info@memorialindoor.com to register.

Tuition (per Month)

-1 SESSION PER WEEK: **\$80 MONTHLY**

-2 SESSIONS PER WEEK: **\$140 MONTHLY**

**One-time registration fee of \$30 per child*

**Each additional sibling will receive \$20 off of their tuition.*

** (A) – Advanced classes that need approval from Coach Mario*

Classes Offered: Please **'Circle'** the training session(s) desired

Child Birth Year	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
B 2015					3:30-4:30		
2014			10:30-11:20		4:30-5:20	12:00-1:00 (A)	11:00-11:50
2013		3:30-4:30 (A)	10:30-11:20		4:30-5:20	12:00-1:00 (A)	11:00-11:50
G 2011/2012	5:30-6:30 (A)	3:30-4:30 or 5:30-6:30				10:00-11:00	12:00-1:00
G 2010	3:30-4:30		3:30-4:30 or 5:30-6:30				
G 2009		4:30-5:30		5:30-6:30			
G 2008		4:30-5:30		5:30-6:30			
G 2006/2007			4:30-5:30 or 6:30-7:30(A)	5:30-6:30 or 6:30-7:30 (A)			
G 2004/2005			6:30-7:30 (A)				
B 2012	4:30-5:30 (A)	3:30-4:30 or 5:30-6:30				10:00-11:00	12:00-1:00
B 2011	3:30-4:30		3:30-4:30 (A) or 5:30-6:30		5:30-6:30 (A)	11:00-12:00 (A)	9:00-10:00 (A) or 12:00-1:00
B 2010	3:30-4:30		3:30-4:30		5:30-6:30 (A)	11:00-12:00 (A) or 2:00-3:00	9:00-10:00 (A) or 10:00-11:00 (A)
B 2009		4:30-5:30		3:30-4:30 (A) or 4:30-5:30	6:30-7:30 (A)	1:00-2:00 (A) or 3:00-4:00	
B 2008		4:30-5:30		3:30-4:30 (A)	6:30-7:30 (A)	1:00-2:00 (A) or 3:00-4:00	
B 2006/2007			4:30-5:30 or 6:30-7:30 (A)	6:30-7:30 (A)		4:00-5:00	
B 2004/2005			6:30-7:30	6:30-7:30		4:00-5:00	

Childs Name: _____ Date of Birth: _____

Parents Name: _____ Parents contact #: _____

Email address: _____ Emergency contact #: _____

By signing below, you are acknowledging that payment will be **automatically deducted on a monthly basis, on starting date. **Please see email receipt for cancellation policies. You must notify in writing to cancel to info@memorialindoor.com.***

Signature of Parent/Guardian: _____ Date: _____

For OFFICE USE: Staff member _____

Memorial Indoor Sports Academy 1322 S. Dairy Ashford Houston, TX 77077 www.memorialindoor.com