



HARE GOALKEEPER ACADEMY



Clinics  Training Programs  Camps

REGISTRATION

Athlete's Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ Email Address: _____

Home Phone: _____ Work Phone: _____

Date of Birth: _____ Male: ___ Female: ___ Age: ___

Soccer Group (for example, U-10, U-14, U19): _____

Club & Team Affiliation: _____

Years Playing Soccer: ___ Years Playing Goalkeeper Position: ___

T-shirt (circle your size): YM YL AS AM AL AXL

Session Information

Select all sessions for which you want to enroll:

Winter: December-February Year-Round: January-December

Spring: March-May

Summer: June-August

Fall: September-November

Select type of session / program:

Private Training Coaches Training

Group Training Adult Training

8-Week Training Field Player Training

College Prep Training

Speed & Agility Training

Parent Information

Mother's / Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

Father's / Guardian's Name: _____

Home Phone: _____ Work Phone: _____

Email Address: _____ Cell Phone: _____

*Complete and mail the form to Hare Goalkeeper Academy, 2879 Anderson Drive,

Allison Park, PA 15101 or email form to: jerry@haregoalkeeperacademy.com .