

Parent/Guardian Signatures

Weekend Program & Registration Form TERM 1 STARTING FEB 2023 – 8 WEEKS

3 1300 767 004/ 0432 629 501

GRASSHOPPERSOCCER.COM.AU

REGISTER ONLINE	NOW OR CALL 0432 629	501 OR EMAIL dean@	grasshoppersoccer.com.au		
PLEASE USE BLOCK LETTER Child's Name:				DOB:	
Parent/Guardians Name;					
Address:			Suburb:		P/Code:
Phone:		Mobile:			
Email:					
How did you hear about us?					
SATURDAY - CLASSES STARTING 4th FEBRUARY FOR 8 WEEKS					
SCHOOL CLASS	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
WISHART STATE SCHOOL COLYWN ST	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	□ 8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
WELLERS HILL STATE SCHOOL TOOHEY RD	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
PACIFIC PINES STATE SCHOOL SANTA ISOBEL BLVD	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
COOMERA SPRINGS STATE SCHOOL OLD COACH RD	□ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	□ 8:30- 9:45AM	□ 8:30- 9:45AM
TAMBORINE MOUNTAIN STATE SCHOOL CURTIS RD	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
SUNDAY - CLASSES STA	RTING 5th FEBRUARY	FOR 8 WEEKS			
SCHOOL CLASS	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
HOLLAND PARK STATE SCHOOL ABBOTSLEIGH ST	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	☐ 8:30- 9:30AM	□ 8:30- 9:45AM	□ 8:30- 9:45AM
ROCHEDALE SOUTH STATE SCHOOL WENDRON ST	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	8:30- 9:30AM	□ 8:30- 9:45AM	□ 8:30- 9:45AM
UPPER COOMERA STATE COLLEGE RESERVE RD	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
BIGGERA WATERS STATE SCHOOL MORALA AVE	☐ 8:30- 9:05AM	☐ 8:30- 9:20AM	8:30- 9:30AM	□ 8:30- 9:45AM	☐ 8:30- 9:45AM
COST OF PROGRAM	MITE-E (2-3YRS)	PINT SIZE (4-5YRS)	INTRO TO MICRO (5-6YRS)	MICRO (6-8YRS)	MICRO PLUS (8-12YRS)
PER TERM	☐ \$120	☐ \$135	\$145	\$155	\$155
PAYMENT OPTIONS: (Grasshopper Soccer has a Credit Card Payment (please Credit Card Number	NO REFUND Policy) se circle) Visa	EBIT CARD, BANK TRA Master Card	NSFER AVAILABLE UPO		CCV
					\$ ———
(Enrollment Special \$60) Size (Please Circle) XXS XS S M I					\$
XXS XS S M L					
Parent/Guardian Consent: 1 I hereby authorize Grasshopper Soccer to act on my behalf should my child require medical					\$
attention, and release Grasshopper Soccer from any liability for injury incurred by my child at Grasshopper Soccer programs. Photos/Videos of children attending these programs may be used for reasonable promotional purposes by Grasshopper Soccer.					