

WHAT IS TEAM?

SIMPLY STATED, IT IS LESS ME AND MORE WE.
 TEAMWORK DIVIDES THE TASK AND DOUBLES THE SUCCESS.
 WEARING THE SAME SHIRT DOES NOT MAKE A TEAM.
 IN OUR TEAM, IF WE WIN NO ONE GETS THE CREDIT,
 AND IF WE LOSE NO ONE GETS THE BLAME.



WHAT IS TEAM?

TEAM IS EVERYTHING, AND WITHOUT IT WE ARE NOTHING.

SO KINNELON HS PLAYERS ASK YOURSELF THIS QUESTION...

WILL YOU BE READY TO PLAY THIS SUMMER?

**KINNELON HS BOYS SOCCER PRE-SEASON TRAINING WEEK
 GRADES 9-12. AUGUST 15-19, 2011**

INFORMATION

- August 15-19, 2011
 - Heisteins Park (Randolph)
 - 9am-3pm
 - \$260 per player Code: NJ907A
- Includes 30 hours quality tuition from UK Elite professional coaches; T-Shirt; Brazilian Warm Up; Individual Ball Work; Technical, Tactical, Functional training; Speed, agility, quickness; 1v1, 2v2..4v4..6v6..
- Daily Scrimmages against HS teams
 - Register NOW!
 - Online at UKELITE.COM

ukelite.com



REGISTRATION

PARENT INFORMATION (Please print)

Name of Parent _____

Street _____

Town _____

State _____ Zip _____

Home Phone (_____) _____

Cell/Work Phone (_____) _____

Email _____

Emergency Contact _____

Phone (_____) _____

PLAYER / REGISTRATION INFORMATION: 2010

Place #	Code	Name / Last	Name/ First	D.O.B	Price \$
1					
2					
3					
4					
				Sub Total	
				Total	

PAYMENT INFORMATION:

Payment Method (Please Select) Check Mastercard Visa

Credit Card Number: _

Expires (mm/yy) ____ / ____

Signature _____ Date _____

CONFIRMATION:

a) Via email if address provided, OR b) by cancelled check or card statement

CREDIT POLICY:

A voucher for full program fee will be issued for any cancellation prior to program. No Cash refund.

WAIVER INFORMATION:

I certify that my child(ren) is/are in excellent health and are able to participate in physical activity including all sports. I agree to hold U.K.Elite Soccer Inc, its agents, employees and contractors harmless from any and all claims for injuries sustained during my child(ren)'s participation in the program. Permission is granted for my child to receive emergency medical treatment. Note: Please include relevant medical information in writing with this application.

Signed _____

Date _____

Mail registration to: U.K.Elite Soccer, Inc. Or Fax: (973) 631 - 8743
 210 Malapardis Rd, suite 201 When registering by fax, do not
 Cedar Knolls NJ 07972 mail original.
 Tel: (973) 631 - 9802 Federal Tax ID# 22-3197693

For office use only	Rec'd	Chk#/Auth	Comp
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