



Training Dates								
	Day	Location	Age	Time	January	February	March	April
Centre of Excellence	Monday	Garden International School	8's & 10's	5.30-6.30	11, 18, 25,	1, 8, , 22	1, 8, 15, 22, 29	
			12's & 14's	6.30-7.30				
	Wednesday	Garden International School	8's & 10's	5.30-6.30	13, 20, 27	3, 10, 17, 24	3, 10, 17, 24, 31	
			12's & 14's	6.30-7.30				
	Friday	Garden International School	8's & 10's	5.30-6.30	15, 22, 29	5, 12, 19, 26	5, 12, 19, 26	2
			12's & 14's	6.30-7.30				

Match Dates (Still to be confirmed)							
	Day	Location	Time	Jan	Feb	Mar	
Centre of Excellence	Saturdays	Matches at GIS	Saturday afternoon	23, 30	6, , , 27,	6, 13, , 27	

Pricing Policy		Per Session	Per Term	Discounts
	2 COE session per week	RM 50	RM 800	10% discount for payments received before 24/01/10
	1 COE session per week		RM 450	Discounts of 20% for the second brother / sister and 30% for the 3rd brother / sister Discounts are for termly prepayments only.
	Match Fees	RM 10		
	10 session pass		RM 400	

Other Notes

- Cheques payable to: **Little League Soccer Sdn Bhd**, Lot 116B, 2nd Floor, Jalan Burhanuddin Helmi, Taman Tun Dr Ismail, 60000 KL.
- Tel: 03-7710 6101 or (Andy) 019-2123533 or (Michael) 019-2183533 for more details

**TERM JAN – FEB 2010**

Applicant's Name:			Date of Birth:		Male / Female:	
Session Day / Venue and Time Applied For:			COE			
Applicant's Address:						
Mobile No:			Email:			
Please disclose any medical condition of the child (eg Asthma, Diabetes etc.):						
Has your child attended Little League Before?			Yes <input type="checkbox"/>		No <input type="checkbox"/>	
How did you hear about Little League?			Poster <input type="checkbox"/>		Leaflet <input type="checkbox"/>	Advert <input type="checkbox"/>
Internet <input type="checkbox"/>	Our Staff <input type="checkbox"/>	Friends <input type="checkbox"/>	Teacher <input type="checkbox"/>		Other <input type="checkbox"/>	

In consideration of your acceptance of this application, I undertake that I will not hold Little League Soccer Sdn Bhd or its staff liable for any death or injury sustained by *myself/my child/my ward as a direct or indirect result of any act, omission, fault, neglect or lack of due diligence of Little League Soccer Sdn Bhd or any of its employees, servants or agents arising out of or in connection with the execution of the training for which I have applied and I further agree to waive any rights under common law or otherwise to bring any action, claim, suit or proceedings in respect thereof.
(*Delete as appropriate)

Name of parent: _____

Parent's Signature: _____

Date: ___/___/_____