



Spring Soccer 2012 Registration

April - May 2012

Please Print Clearly

PARTICIPANT NAME:

	Gender: M / F
<i>please circle one</i>	

PARTICIPANT DoB:

DD	MM	YYYY

ADDRESS:

STREET	St / Apt #
CITY	
POSTAL	

DOES PARTICIPANT HAVE ANY MEDICAL CONDITIONS?

YES	NO	<i>Please circle one</i>	<i>If YES, please detail</i>

PARENT/GUARDIAN(S):

EMAIL ADDRESSES:

Home & Cell:

EMERG. CONTACT:

NAME		TELE:	
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HAS YOUR CHILD PLAYED SOCCER?

<table style="width: 100%;"> <tr> <td style="text-align: center;">Yes / No</td> </tr> <tr> <td style="text-align: center; font-size: small;"><i>please circle one</i></td> </tr> </table>	Yes / No	<i>please circle one</i>	<table style="width: 100%;"> <tr> <td style="width: 50%; padding: 2px;">Which Skill Level?</td> <td></td> </tr> <tr> <td style="padding: 2px;">Age Group?</td> <td></td> </tr> </table>	Which Skill Level?		Age Group?	
Yes / No							
<i>please circle one</i>							
Which Skill Level?							
Age Group?							

SELECT AGE GROUP:

U-10	(Born 2002 or 2003)	
U-12	(Born 2000 or 2001)	
U-14	(Born 1999 or 1998)	

please tick one

COST:

All Age Groups
\$100 Per Child

Spring Soccer is held a twice per week over April & May 2012.
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Cheques payable to **'Storm Soccer Club'**

OFFICE USE ONLY	
<i>Sibling Details</i>	
<i>Discount Applied</i>	\$
<i>Total Amount Paid</i>	\$ <i>[Cash or Cheque]</i>
<i>Comments</i>	



ASSUMPTION OF RISK

Waiver: All players over 18 years of age, and the parent or guardian of those under 18 years of age must sign and acknowledge acceptance of this waiver form. The wording of this form meets the requirements of the 'Storm Soccer'.

There is a potential risk for injury involved in training and participating in any sport. Storm Soccer has tried to create a safe and controlled environment for safe participation. The Club and officials will establish rules in line with commonly followed standards of participation and conduct on and about the playing area that should be followed. I, the player, or I the parent(s)/legal guardian(s) of the player being registered, do hereby consent to myself or my child/ward playing soccer with 'Storm Soccer'.

I understand that Storm Soccer & its representatives will not be held liable for any loss or accident caused by or upon myself or my child/ward while participating in soccer or while traveling to or from games, practices or other club activities. I have also been made aware of the potential dangers of climbing on soccer goals/equipment and assume all liability for any personal injury to myself or to my child/ward as a result of such activities. In case of medical emergency, I give permission to the team management or club executive to take whatever steps may be necessary to obtain treatment for myself or my child/ward.

AGREEMENT TO ABIDE BY STORM SOCCER CLUB POLICIES AND PROCEDURES

I agree to abide by 'Storm Soccer Club's' policies, and procedures at all times

PRINT PARTICIPANT'S NAME (regardless of age)

PARTICIPANT'S SIGNATURE (if 18 years of age or older)

_____ Date Signed _____

WITNESS

FOR PARTICIPANTS OF MINORITY AGE (UNDER AGE 18 AT TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, on behalf of the participant, do consent and agree to the assumption of risk and agreement to abide by Storm Soccer policies and procedures

PARENT/GUARDIAN SIGNATURE EMERGENCY PHONE NUMBER

_____ Date Signed: _____

WITNESS

Storm Soccer registers players with Soccer Nova Scotia, via Dartmouth Women's Soccer Club