Division: _____

PHANTOM LAKE SOCCER CLUB REGISTRATION 2009

Please fill in the blanks - do NOT fill in the shaded areas

Child's Information

Last Name: _____ First Name: _____

Birthdate: _____ /_____ / _____ Gender: Male ☐ Female ☐

D M Y

Parent/Guardian

Last Name: _____ First Name: _____

Address: _____ Town: _____

Postal Code: _____ Home Phone: _____

Email: _____

Other Parent/Guardian

Last Name: _____ First Name: _____

Phone Number (if different from above): _____

If you have 2 children in the same division do you want them on the same team? **Yes** ☐ **No** ☐

If you answered yes, list siblings names: _____

Did your child play soccer last year? **Yes** ☐ **No** ☐

Has your child played soccer before? **Yes** ☐ **No** ☐ If yes, how many years? _____

Consent: *I understand and accept the risks involved in playing soccer and have discussed these risks with my child. I hereby agree the Phantom Lake Soccer Club (PLSC), it's executive, coaches, and volunteers will not be held responsible for any accident, or loss however caused, and agree to release the above mentioned from all claims which may arise as result of, or by reason of, above accidents or loss. I also give permission to PLSC to share the above registered information with other organizations regarding soccer related programs. PLSC reserves the right to request any participant to withdraw from the program at any time if the player is not acting in a responsible manner. All children under the age of 10 must be accompanied by a parent or guardian at the field at all times.*

Parent Signature: _____

Soccer Fees	**Amount**
Squirts (born 2003 & 2004)	$25 ☐
Divisions 1-5	$40 ☐
Late payment fee	$25 ☐

Total: _____

1. ☐ **Parents Letter received?**
2. ☐ **Choc picked up**
3. ☐ **Signed for volunteer hours**
4. Registration Details
   - ☐ **Birth Certificate**
   - ☐ **Consent Signed**
   - ☐ **Cheques signed**
   - ☐ **Cheques dated**
   - ☐ **Receipt issued**