

# Shellbrook Junior Soccer Registration

Registration \$20.00

Name: \_\_\_\_\_ Male OR Female (please circle)

Parent/ Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone (H): \_\_\_\_\_ (W) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SaskHealth Number: \_\_\_\_\_

I am Registering My Child into:

Under 6 \_\_\_\_\_

Under 8 \_\_\_\_\_

Under 10 \_\_\_\_\_

Under 12 \_\_\_\_\_

Participants must be 4 years old by October 1st, 2010 to register for soccer.

PARENTS/GUARDIANS...

ARE YOU WILLING TO COACH A TEAM. Y \_\_\_\_\_ N \_\_\_\_\_

ARE YOU WILLING TO VOLUNTEER. Y \_\_\_\_\_ N \_\_\_\_\_

**MEDICAL INFORMATION:** Are there any medical problems Coaches and/or Volunteers should be aware of? (Ex. diabetes, epilepsy, etc.)

PLEASE LIST:

\_\_\_\_\_

**RELEASE FORM:** I do hereby waive and release and will not hold any member of the Town of Shellbrook, Coaches, Volunteers, and Administrators responsible for any injury which may occur during the time of my child participating in the Shellbrook Junior Soccer Program.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Paid \$: \_\_\_\_\_

**GR#** \_\_\_\_\_