

2016 PROGRAM REGISTRATION

PLAYER:

Last Name (please print) First Name (please print) Age (yyyy/mm/dd)

PARENT/GUARDIAN:

Last Name (please print) First Name (please print)

Full Address (please print)

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Telephone Number (Daytime) Telephone Number (Evening)

****Please indicate any Medical Concerns/Conditions coaching staff should be aware of (allergies, asthma, etc.)****

E-mail Address

Payment: \$150

Method of Payment: cash 3 post-dated cheques

Start date _____

Office use only

Cheques payable to First Touch Soccer

I understand that this is an Development Program and requires commitment. If my child does not regularly participate or becomes disruptive or a poor influence on the rest of the team, the coach will first address the issue directly with my child, then with me. If there is no improvement, I understand that my child may be expelled from the program.

WAIVER AND RELEASE

There is a potential risk for injury in training and participation in any sport, and First Touch Soccer provides a controlled environment for safe participation. The Coaches have established rules for participation and conduct on and about the playing area that must be followed.

I, the undersigned, hereby release and forever discharge any and all persons who have participated in the formation and administration of the Elite Program including coaches and any other persons from any and all actions, causes of action, claims and demands, or damages, loss or injury, howsoever arising, which may be sustained in consequence of our participation in training.

I have read and understood the terms of the above "Waiver and Release" and do hereby consent to be bound thereby.

Signature of Parent/Guardian Date

Please return this registration form with payment at first training session.

contact info: kathy_bourbonnais@yahoo.ca