



Township of Tyendinaga Youth Soccer Program  
**2010 Registration Form**  
859 Melrose Road, R.R. #1, Shannonville, ON K0K 3A0  
[www.tyendinagatownship.com](http://www.tyendinagatownship.com)

**PLAYER INFORMATION**

Last Name  First Name

Address

Street (including 911#) City Postal Code

Gender  M  F Health Card #  Date of Birth  /  /

Allergies

MM/DD/YY

Please indicate what your child's age will be as of December 31 this year

Preferred T-Shirt Size **YOUTH S M L Adult S M L XL** (please circle)

**PARENT / GUARDIAN INFORMATION**

Guardian #1  Guardian #2

Phone

Res. Bus. Res. Bus.

**WILL YOU HELP US**

Your league is run by volunteers and we need your help to be successful. Please circle your preference.

Coach (2 per team) Assistant Coach Volunteer Committee Member Sponsorship

Name

Phone

Sponsoring a Team (\$175)

Name of Sponsor  Phone Number

Sponsor to Appear on Soccer Jersey

I hereby release the Township of Tyendinaga, volunteers and agents from all claims for damages arising from participation of the above person at any time during any program or in any facility or location where a program is held. I further authorize anyone, in my absence, to obtain the necessary medical treatment for my child in the case of an emergency.

Signature of Parent / Guardian Date

Cheque Cash Rec'd By