



# Township of Tyendinaga Youth Soccer

## 2017 Registration Form



First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Male/Female \_\_\_\_\_

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

Birth date: \_\_\_\_\_ Please indicate what your child's age will be as of December 31, 2017 \_\_\_\_\_

Guardian # 1 \_\_\_\_\_ Phone Number: \_\_\_\_\_

Guardian # 2 \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Please print email address for news and cancellation purposes.

Special Requests: \_\_\_\_\_  
 \_\_\_\_\_

Age (Please Circle)	Fee	Sponsoring a Team	Total
<p><b>Age- 4, 5, 6, 7,</b> ( Must be 4 by December 31st, 2017)</p> <p><b>AGE- 8, 9, 10, 11,</b></p> <p><b>AGE- 12, 13, 14, 15, 16</b></p>	<p>Resident Fee: \$35.00</p> <p>Non-Resident Fee: \$45.00</p>	<p>\$175.00 Name: _____</p> <p>Phone Number: _____</p>	

**Will you help us!** In order to have successful programs we need parents/ guardians to be coaches and assistant coaches. Please circle and write your name beside if you would be interested in:

Coach: \_\_\_\_\_ Assistant Coach: \_\_\_\_\_

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, to obtain the necessary medical treatment for my child in the case of an emergency.

Signature of Parents/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

For Office Use Only

Registration Fee \$: \_\_\_\_\_ Received By: \_\_\_\_\_

Method: \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_ Date \_\_\_\_\_, 20\_\_\_\_\_