



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
Age- 4, 5, 6, 7, (Must be 4 by December 31st, 2017) AGE- 8, 9, 10, 11, AGE- 12, 13, 14, 15, 16	Resident Fee: \$35.00 Non-Resident Fee: \$45.00	\$175.00 Name: Phone Number:	

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_____