UPPER CANADA SOCCER

Youth Development Program

PLAYER REGISTRATION

2019- 2020 SEASON

PLAYER DETAIL (PLEASE PRINTCLEARLY)

First Name: _____ Last Name: _____

Street Address: _____ Apt: _____

City: _____ Province: _____ Postal Code : _____

Home Telephone #: ___ - ___ - ____ Alternate Telephone #: ___ - ___ - ____

E-Mail: _____

Date of Birth: _____ Sex: ☐ or ☐ Did he/she play competitive soccer: Yes ☐ No ☐

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Is He/She registered with the Cornwall Indoor Soccer League-Youth Division for the 2019-2020 Season Yes ☐ No ☐

If you are not registered with the indoor league you must complete a waiver of liability form

Session registering for

6 Week Program - Nov & Dec 2019 ☐
6 Week Program - Jan & Feb 2020 ☐
12 Week Program ☐

Method of payment : Cash : ☐ Cheque: ☐

Amount: $ _____

Receipt # : _____

Date: _____

For Office Use

_____

_____

NOTICE OF WARNING & CONSENT:

UpperCanadaSoccer has tried to create a safe playing environment for all participants. However, as in any sport, there is a potential risk involved in training and participating. The organization and it's coaches have established rules for participation and proper conduct on or about the playing area. By registering your child you agree to uphold these rules and further to hold UpperCanadaSoccer blameless for any injuries. I authorize UpperCanadaSoccer to collect and use personnal information about me or my child for the purpose of communication related to UpperCanadaSoccer activities. I understand that this information will not be distributed to any third party and that I may withdraw consent for use, collection or disclosure of my or my child/ward's personnal information at any time by contacting UpperCanadaSoccer at ucs@cornwallcitysoccer.ca or by mail to:
UpperCanadaSoccer 800 Seventh St W, Box 5, Cornwall, On, K6J 70A3

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Signature of Parent or Guardian