



Grand Bend & District Soccer Association

P.O. Box 115, Grand Bend, Ontario N0M 1T0

grandbendsoccer@gmail.com

www.grandbendsoccer.ca

2018 Boys & Girls Registration

Circle One: U4 U6 U8

Player's Name: _____ Male Female

Age on Jan 1, 2019: _____ Birthdate: _____

Address: _____ Town, PostalCode: _____

Phone: _____ Email: _____
(email addresses will only be used to send notices regarding important soccer information. Providing your email will ensure you are kept up to date.)

Mother/Guardian: _____ Daytime Phone: _____

Father/Guardian: _____ Daytime Phone: _____

Medical Conditions: _____

Division	Birth Year	Reg. Fee
8 & under	2011, 2012	\$ 50.00
6 & under	2013, 2014	\$ 50.00
Timbits (4 & under)	2015	\$ 50.00

Please make cheques payable to:

Grand Bend & District Soccer Association

Refund Policy

Birth Year 2011-2015 - Refunds will only be issued before the start of the season.

A \$25 late fee will apply to registrations received after March 15th

Registration Options:

1. IN PERSON on the following Registration dates - @ Grand Bend Public Library on Sat., Mar. 2/19 - 10am - 12pm or Wed., Mar. 6/19 - 5:30 - 7:00pm
2. MAIL - Forms will be accepted by mail - Completed registration forms with cheque enclosed to: PO Box 115, Grand Bend ON N0M 1T0

Note: U8, U6 & U4 Age Categories are dependant on registration numbers. In the event that registration numbers not support 3 divisions, a U8 & U5 age category will be created. Format will be an inhouse, co-ed league. 1/2 Practice followed by 1/2 hour game. **Tuesday Evenings: 6-7pm. May 21 to August 6, 2019**

Parental Consent to Play: Participation is voluntary. I agree that there are risks in soccer. By participating I am exposed to these risks and hazards.

I agree to accept the risks and be responsible for any injury or loss which I might receive while participating.

By my signature I acknowledge that West Middlesex Youth Soccer League, and its directors and employees, all member Leagues and Clubs, their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities and their representatives have no liability for any injury however caused, whether such injury occurs during practice, games or traveling to or from such practice or game. I have read and understood this agreement, and by signing it voluntarily, I am agreeing to abide by these terms.

By signing this form you give up important legal rights. Please read carefully!

Parent or Guardian's Signature: _____ Date: _____

We are in need of volunteers!

Volunteers are vital to the success of this program. Please indicate how you can help.

Coach: _____ Trainer: _____ Executive: _____

League use only			
Amount Paid: \$ _____	Cheque# _____	Cash _____	Referee: _____
Email _____	Signed _____	Administration: _____	