



# Township of Tyendinaga Youth Soccer

## 2019 Registration Form



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

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

Shirt Size-(YXS-AXL) \_\_\_\_\_

Birth date: \_\_\_\_\_ Please indicate what your child's age will be as of December 31,2019 \_\_\_\_\_

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

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

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

Special Requests (Please note that NOT all special requests can be accommodated):  
\_\_\_\_\_

Age at December 31st, 2019 (Please Circle)	Fee	Sponsoring a Team	Total
<b>Age-</b> _____ ( Must be 4 by December 31st, 2019)	Resident Fee: \$40.00 Non-Resident Fee: \$50.00	\$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. If you would be interested in coaching please write your name below: (Remember programs run solely on volunteers)

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: \_\_\_\_\_ Cheque \_\_\_\_\_ Cash \_\_\_\_\_ Debit \_\_\_\_\_ Date: \_\_\_\_\_, 2019

Received After April 30th, 2019 (Late \$10.00 Charge applied)