

Central West Soccer

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Adult Team Registration Form

MEN'S LEAGUE: DIVISION _____ OR _____

PREFERRED DAYS 1st _____

2nd _____

3rd _____

WOMEN'S LEAGUE: DIVISION _____ OR _____

PREFERRED DAYS 1st _____

2nd _____

3rd _____

TEAM NAME: _____

HAVE YOU PLAYED WITH US BEFORE? YES _____ NO _____ IF YES, TEAM NAME & DIVISION: _____
(IF DIFFERENT FROM ABOVE)

HOW LONG HAS YOUR TEAM BEEN TOGETHER? _____ SKILL LEVEL: BEGINNER AVERAGE ABOVE AVERAGE

TEAM REPRESENTATIVE CONTACT INFORMATION:

LAST NAME: _____ FIRST NAME: _____

ADDRESS _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

CELL: _____ WORK: _____ EMAIL: _____

ALTERNATE CONTACT:

LAST NAME: _____ FIRST NAME: _____

PHONE: _____ CELL: _____

WORK: _____ EMAIL: _____

INDEMNITY AND AUTHORIZATION: IN CONSIDERATION OF THE CORPORATION OF CENTRAL WEST INDOOR INC., THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT SCHOOL BOARD, I GIVE MY/OUR CHILD PERMISSION TO PARTICIPATE IN THE INCORPORATED BODY AND HEREBY PROMISE TO INDEMNIFY AND SAVE HARMLESS THE CORPORATION OF CENTRAL WEST INDOOR INC., THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT SCHOOL BOARD AND ALL ITS MEMBERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS, DEMANDS, ACTIONS AND PROCEEDINGS BY THE SAID ACTIVITIES AND HEREBY RELEASE AND FOREVER DISCHARGE THE CORPORATION OF CENTRAL WEST INDOOR INC., THE REGION OF PEEL AGRICULTURAL SOCIETY, AND THE PEEL DISTRICT BOARD, ITS MEMBERS AND EMPLOYEES FROM AND AGAINST ALL CLAIMS AND DEMANDS WHATSOEVER.

NOTICE OF WARNING: THERE IS POTENTIAL RISK IN PARTICIPATING IN ANY SPORT AND WE THE CORPORATION HAVE TRIED TO CREATE A SAFE ENVIRONMENT. PROPER CONDUCT ON OR ABOUT THE PLAYING FIELD MUST BE FOLLOWED. RULES AND REGULATIONS WILL BE ADHERED TO. PLEASE BE AWARE THAT YOUR CHILD IS YOUR RESPONSIBILITY AND SHOULD NEVER BE LEFT UNATTENDED OR UNSUPERVISED, AT ANY TIME, BY YOURSELF OR HIS/HER GUARDIAN. YOU ARE RESPONSIBLE FOR YOUR OWN AND YOUR CHILD'S ACTIONS AND WILL TAKE FULL RESPONSIBILITY AND WILL BE FULLY ACCOUNTABLE FOR THESE ACTIONS.

ZERO TOLERANCE POLICY: HARASSMENT OF REFEREES, COACHES AND STAFF WILL NOT BE TOLERATED BY ANYONE! REPORTS OF SUCH INCIDENTS MAY BE CAUSE FOR EXPULSION FROM THE LEAGUE, THE CLUB AND ITS FACILITIES. IN SUCH CASES NO REFUNDS WILL BE GRANTED.

REFUND POLICY: ALL REFUND REQUESTS MUST BE SUBMITTED IN WRITING **BEFORE** THE FIRST GAME OF THE SEASON. THERE WILL BE A \$25.00 ADMINISTRATION FEE FOR ALL REFUND REQUESTS. AN ADDITIONAL \$25.00 WILL BE CHARGED FOR THE UNIFORM IF NOT RETURNED. **NO** REFUNDS WILL BE GRANTED AFTER THE COMMENCEMENT OF THE SEASON. TRANSFER TO ANOTHER SESSION **MAY** BE CONSIDERED.

PLEASE NOTE: IN THE BEST INTEREST OF THE LEAGUE, CENTRAL WEST EXECUTIVE RESERVES THE RIGHT TO TRANSFER PLAYERS TO OTHER TEAMS AFTER THE START OF THE SEASON IN ORDER TO BALANCE TEAMS AND MAKE FUN AND FAIR PLAY FOR ALL.

AGREEMENT: I HAVE READ AND UNDERSTAND THE REGISTRATION RULES, INDEMNITY, NOTICE OF WARNING, ZERO TOLERANCE POLICY, THE REFUND POLICY AND NOTE AND I AGREE TO ABIDE BY THE FACILITY RULES AND REGULATIONS AND THE LAWS OF THE GAME AS SET OUT BY CENTRAL WEST INDOOR INC. I AGREE TO CONDUCT MYSELF AND SUPERVISE MY CHILD/CHILDREN IN AN ORDERLY, RESPECTFUL AND SPORTSMANLIKE MANNER AT ALL TIMES.

Signature of Team Representative

Date

TEAM FEES: \$ _____ (INCLUDES TAXES AND REFEREES) - FULL PAYMENT MUST BE RECEIVED BY SPECIFIED DEADLINES.
\$500.00 NON REFUNDABLE DEPOSIT IS DUE UPON INITIAL REGISTRATION
TEAMS MUST SUPPLY THEIR OWN UNIFORMS

AMOUNT PAID \$ _____ BALANCE DUE \$ _____ DATE DUE _____

TAKEN BY: _____ METHOD: CASH/DEBIT _____ VISA _____ MC _____ CHQ # _____