

Central West Soccer - Brampton

Head Office: 10 Gillingham Drive, Unit 109B, Brampton, ON L6X 5A5
register4soccer.ca registerforsoccer.ca centralwestindoor.com



Soccer Registration Form

Phone: 905 451 6395
Fax: 905 451 5175
Email: info@centralwestindoor.com

PLAYER INFORMATION (please print clearly)

LAST NAME: _____ FIRST NAME: _____ (Circle) MALE OR FEMALE

AGE: _____ DATE OF BIRTH: YEAR: _____ MONTH: _____ DAY: _____

PLAYING EXPERIENCE: HOW MANY YEARS PLAYED? _____ SKILL LEVEL: BEGINNER (Circle) AVERAGE ABOVE AVERAGE



ADDRESS: _____

CITY: _____ POSTAL CODE: _____ PHONE: _____

PARENT OR GUARDIAN'S NAME: _____ RELATIONSHIP: _____

WORK #: _____ CELL #: _____ EMAIL: _____

TO HELP KEEP THE SPORT AFFORDABLE FOR ALL, TEAMS ARE COACHED BY PARENT VOLUNTEERS. IF YOU WOULD LIKE TO TAKE ADVANTAGE OF THIS GREAT OPPORTUNITY TO SUPPORT YOUR COMMUNITY AND ENCOURAGE OUR CHILDREN, PLEASE INDICATE IT BELOW BY CHECKING "YES". YOUR HELP AND SUPPORT IS GREATLY APPRECIATED! PLEASE NOTE THAT OUR CLUB WILL PROVIDE YOU WITH A COACHING PACKAGE AND ALL THE ASSISTANCE YOU REQUIRE.

ARE YOU INTERESTED IN COACHING OR ASSISTING YOUR CHILD'S TEAM? YES _____ NO _____

NAME: _____
(COACHING TRAINING AND ASSISTANCE WILL BE PROVIDED)

ARE YOU INTERESTED IN SPONSORING YOUR CHILD'S TEAM? YES _____ NO _____ COMPANY NAME: _____
(\$250.00 PER TEAM — WE THANK YOU IN ADVANCE!)

CONTACT PERSON: _____ PHONE: _____ 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 Player / Parent or Guardian if under 18

Date

SPECIAL REQUESTS: PREFERRED DAYS OF PLAY OR PLAYER REQUESTS: (UP TO A MAXIMUM OF THREE PLAYERS MAY BE PLACED ON THE SAME TEAM. PLAYERS MUST BE BORN THE SAME YEAR. PLAYERS MAY PLAY UP AN AGE GROUP NOT DOWN)

SIBLING(S) PLAYING BORN: YEAR(S) _____ * TOTSHOTS (AGE 3&4) - 6 WEEK \$95 (1) JUNE - JULY _____ (2) JULY - AUGUST _____

FOR MAIL IN USE:

AUTHORIZATION FOR CREDIT CARD PAYMENT: VISA _____ MASTER CARD _____ NAME ON CARD: _____

CARD #: _____ EXPIRY DATE: _____ THREE DIGIT SECURITY CODE ON BACK OF CARD: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____

OFFICE USE ONLY: PAYMENT AMOUNT: \$ _____ METHOD: CASH/DEBIT _____ VISA _____ MC _____ OTHER _____

TAKEN BY: _____ PAYMENT REFERENCE # : _____

PLEASE OBTAIN THE YELLOW COPY AS RECEIPT FOR YOUR FILES AND FOR TAX PURPOSES.