

# Lord Roberts Community Centre Registration Form

PROGRAM YEAR: \_\_\_\_\_

*Check Off The Program You Wish to Register For:*

- |   |   |
|---|---|
| <input type="checkbox"/> Indoor Soccer  | <input type="checkbox"/> Hockey                     |
| <input type="checkbox"/> Outdoor Soccer | <input type="checkbox"/> Hockey - Junior Terriers   |
| <input type="checkbox"/> Mini Soccer    | <input type="checkbox"/> Indoor Floor Hockey/Soccer |
| <input type="checkbox"/> Softball       | <input type="checkbox"/> Other _____                |
| <input type="checkbox"/> T-Ball         |   |

*Complete the Following Participant Information:*

Name: \_\_\_\_\_

Sex:  Male  Female

Age on December 31<sup>st</sup>, Current Year: \_\_\_\_\_

Birth Date: \_\_\_\_\_

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

Postal Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Medical #: \_\_\_\_\_

Family Physician: \_\_\_\_\_

Phone #: \_\_\_\_\_

## Parental Consent

I hereby consent to my son/daughter's participation in the above capacity, and I understand that the sponsoring Community Centre and its agents (coaches, instructors, managers or executive member) are not liable for injuries resulting from participating in the above capacity. I acknowledge my responsibility to contribute to the operation of the Community Centre by agreeing to provide volunteer assistance as well as volunteering my time when asked by coaches, instructors, managers or executive members.

Please identify your areas of interest below to ensure the Community Centre will continue as a volunteer operation.

Coach  Manager  Transportation  Canteen  Board Member  Other \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (Cell) \_\_\_\_\_

Email: \_\_\_\_\_

Registration Fee: \_\_\_\_\_

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | Cash            |
| <input type="checkbox"/> | Cheque # _____  |
| <input type="checkbox"/> | Program Subsidy |

Received By \_\_\_\_\_