

Sir John Colborne Youth Soccer Club Inc.
2018 HOUSE LEAGUE REGISTRATION FORM

LAST NAME: _____ FIRST NAME: _____ SEX: _____

ADDRESS: _____ APT. # _____

CITY: _____ PROV: _____ POSTAL CODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

BIRTH DATE: _____ / _____ / _____ HEALTH CARD NUMBER: _____
DAY MONTH YEAR

VOLUNTEER SECTION: (PLEASE CHECK) COACH _____ ASSISTANT COACH _____

SPONSORSHIP _____

PLEASE PRINT NAME: _____ PHONE NUMBER: _____

NOTICE OF WARNING: THERE IS POTENTIAL RISK IN TRAINING AND PARTICIPATING IN ANY SPORT AND WE HAVE TRIED TO CREATE A SAFE ENVIRONMENT. SIR JOHN COLBORNE YOUTH SOCCER CLUB INC. HAVE ESTABLISHED RULES FOR PARTICIPATION, AND PROPER CONDUCT ON OR ABOUT THE FIELD MUST BE FOLLOWED.

I, THE UNDERSIGNED HEREBY AGREE TO INDEMNIFY AND SAVE HARMLESS THE CORPORATION OF THE CITY OF PORT COLBORNE AND SIR JOHN COLBORNE YOUTH SOCCER CLUB INC., THEIR/ITS OFFICERS, INSTRUCTORS, COACHES, EMPLOYEES AND AFFILIATED ASSOCIATIONS & LEAGUES FROM AND AGAINST ALL CLAIMS, DEMANDS, LOSSES, COSTS, DAMAGES, ACTIONS, SUITS OR PROCEEDINGS ARISING OUT OF THE PARTICIPATION OF THE ABOVE REGISTERED PARTICIPANT.

I AGREE TO ABIDE BY THE PUBLISHED RULES OF THE ONTARIO SOCCER ASSOCIATION, NIAGARA SOCCER ASSOCIATION, SIR JOHN COLBORNE YOUTH SOCCER CLUB INC. AND AFFILIATED CLUBS.

I AGREE TO ABIDE TO THE ZERO TOLERANCE POLICY FOR ABUSIVE CONDUCT SET BY SIR JOHN COLBORNE YOUTH SOCCER CLUB INC.

Periodically we would like to post pictures from our game play on our website and facebook.

Please circle whether you will allow your child's picture to be included. YES NO

SIGNATURE(OFF PARENT OR GUARDIAN) _____ DATE: _____

PARENT OR GUARDIAN NAME(please print) _____

Please Make Cheques Payable To : SJCYSC

ADMINISTRATIVE USE ONLY:

METHOD OF PAYMENT: CHEQUE CASH 2016 RECEIPT#: _____