

2010 Millet Soccer Association Registration

Last Name: _____ First Name: _____ Male Female

Date of Birth: (day/month/year) _____ (age group) U _____
(NOTE: If U8 or U10, please answer questionnaire at registration)

Parent/Guardian: _____

Email: _____

Mailing Address: _____

(postal code) _____

Home phone: _____ Cell phone: _____

Work phone: _____

Emergency contact - Name: _____ Phone # _____

Health Concerns/Special Needs (brief details of allergies, medical/behavioural conditions that the Coach should know about)

I/We agree to volunteer a minimum of 3 hours per child to the benefit of Millet Soccer. Upon completion of the volunteer hours, the deposit cheque will be returned to me. I/We understand that Volunteer hours not completed by September 1, 2010 will result in my cheque being cashed.

Date: _____

Signature

NOTE: Team and Player Photograph Sessions will be held on Sunday May 16th at 4:00 p.m.

Reminder

Registration will not be valid until payment is made in full.

OFFICE USE ONLY

Method of Registration payment Cash Cheque # _____

Registration Amount paid \$ _____

Volunteer Deposit \$ _____ Cheque Received: _____
Initialed

Uniform Deposit \$ _____ Cheque Received: _____
Initialed