



# Scarboro Community Soccer

501 Sunderland Ave SW Calgary AB T3C 2K5

Phone: 403-264-5793 Fax: 403-452-7712

[scarborowildcats@yahoo.ca](mailto:scarborowildcats@yahoo.ca) [www.scarborocommunity.com](http://www.scarborocommunity.com)

## 2010 SOCCER REGISTRATION FORM

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### CHILD 1

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE or FEMALE

AGE: \_\_\_\_\_ BIRHTDATE (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AB HEALTH #: \_\_\_\_\_

### CHILD 2

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE or FEMALE

AGE: \_\_\_\_\_ BIRHTDATE (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AB HEALTH #: \_\_\_\_\_

### CHILD 3

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE or FEMALE

AGE: \_\_\_\_\_ BIRHTDATE (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AB HEALTH #: \_\_\_\_\_

### CHILD 4

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MALE or FEMALE

AGE: \_\_\_\_\_ BIRHTDATE (MM/DD/YYYY): \_\_\_\_ / \_\_\_\_ / \_\_\_\_ AB HEALTH #: \_\_\_\_\_

### PARENT INFORMATION

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

MOTHER/GUARDIAN: \_\_\_\_\_ FATHER/GUARDIAN: \_\_\_\_\_

EMAIL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_ PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_ CELL: \_\_\_\_\_



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## PARENTAL SUPPORT / Volunteer Requirement

The Scarboro Community Soccer Association is an all-volunteer league that is dependent on one parent per family to actively participate. Please indicate below which position you are interested in. If you are unable to volunteer we will cash your deposit cheque.

Please check areas that you would be willing to help:

- |                                                  |                                            |                                                 |
|--------------------------------------------------|--------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Coach / Assistant Coach | <input type="checkbox"/> Event Organizer   | <input type="checkbox"/> House League Organizer |
| <input type="checkbox"/> Team Manager            | <input type="checkbox"/> SWSL Rep.         | <input type="checkbox"/> Equipment Manager      |
| <input type="checkbox"/> Age Coordinator         | <input type="checkbox"/> CMSA Rep.         | <input type="checkbox"/> Field Management       |
| <input type="checkbox"/> Registration            | <input type="checkbox"/> Snack Coordinator | <input type="checkbox"/> Referee Coordinator    |
| <input type="checkbox"/> Field Marking           | <input type="checkbox"/> Equipment Storage | <input type="checkbox"/> Other                  |

## SIGNATURE OF PARENT OR GUARDIAN:

DATE: \_\_\_\_\_

## Prices:

- U4 House League (Born 2006) – \$45.00 (includes T-Shirt)
- U6 House League (Born 2004-2005) – \$60.00 (includes T-Shirt)
- U8 House League (Born 2002-2003) – \$60.00 (includes T-Shirt) (Possible Participation in mini-fest)
- U10 South West Soccer League (Born 2000-2001) – \$125.00 (includes uniform socks and shorts)
- U12 Calgary Minor Soccer League (Born 1998-1999) – \$155.00 (includes uniform socks and shorts)

Please make all cheques payable to **Scarboro Community Association**

**\*\* A deposit of \$65.00 is required for jerseys for all U10 / U12 players which will be returned at the end of the year when the jersey is returned to the Community Association. If the jersey is not returned by the end of the year, the Scarboro Community Soccer Association will cash your cheque.**

**\*\* A deposit of \$100.00 is required per family for volunteer fees. One adult per family is required to volunteer in one of the above mentioned positions. If you do not volunteer in the season, the Scarboro Community Soccer Association will cash your cheque.**



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## CONSENT FOR MEDICAL TREATMENT (MINOR)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly Licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent.

### SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_ DATE: \_\_\_\_\_

### Signature of Witness:

\_\_\_\_\_ DATE: \_\_\_\_\_

## LIABILITY

I, the parent or guardian of the above named player, a minor agree that I the player will abide by the rules and regulations of the Scarboro Community Soccer Association (SCSA) its affiliated organizations and its sponsors, I, for myself and the player and our respective heirs, administrators and successors, intend to be legally bonded, hereby release and indemnify the SCSA Parties, the owners and operators of the facilities used for the program, and their respective directors, officers, coaches, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation the Programs including, without limitation, player's transportation to/from any program, which transportation is hereby authorized. I further grant the SCSA Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs provided such use is related to the player's status as a participant in the programs.

### SIGNATURE OF PARENT OR GUARDIAN:

\_\_\_\_\_ DATE: \_\_\_\_\_

### Signature of Witness:

\_\_\_\_\_ DATE: \_\_\_\_\_