

LUCKNOW & DISTRICT MINOR SOCCER

2017 EARLY BIRD REGISTRATION FORM

EARLY BIRD REGISTRATION ENDS MARCH 10, 2017



Please be advised there may not be a guaranteed roster spot if you register after the Early Bird deadline.

CHEQUES ARE TO BE MADE PAYABLE TO: LUCKNOW RECREATION DEPARTMENT

*** After the March 10th deadline, registration cost will increase by \$30.00 ***

* Please bring a copy of each child's birth certificate for all new players *

LEVEL	COST
U 5 <input type="checkbox"/> Born in 2012/2013 CO-ED	\$ 50.00
Parents of the U 5 soccer registrants will be asked to coach their child's team for one week of the season.	
U 7 <input type="checkbox"/> Born in 2010/2011 CO-ED	\$ 50.00
U 9 <input type="checkbox"/> Born in 2008/2009 GIRLS <input type="checkbox"/> BOYS <input type="checkbox"/>	\$ 80.00
U 11 <input type="checkbox"/> Born in 2006/2007 GIRLS <input type="checkbox"/> BOYS <input type="checkbox"/>	\$ 80.00
U 13 <input type="checkbox"/> Born in 2004/2005 GIRLS <input type="checkbox"/> BOYS <input type="checkbox"/>	\$ 95.00
U 15 <input type="checkbox"/> Born in 2002/2003 GIRLS <input type="checkbox"/> BOYS <input type="checkbox"/>	\$ 95.00
U 18 <input type="checkbox"/> Born in 1999/2000/2001 GIRLS <input type="checkbox"/> BOYS <input type="checkbox"/>	\$ 100.00

Please attach a post-dated uniform deposit cheque of \$40.00 (Dated Sept 1st 2017) YES NO

PLAYER INFORMATION

LAST NAME: _____ FIRST NAME: _____

DATE OF BIRTH (dd/mm/yy) _____

MAILING ADDRESS: _____

TELEPHONE NUMBER: HOME () _____ E-MAIL: _____

CELL _____

PARENTS NAMES: _____

EMERGENCY CONTACT & PHONE NUMBER: _____

UNIFORM: YOUTH SIZES: SMALL MEDIUM LARGE X-LARGE

ADULT SIZES: SMALL MEDIUM LARGE X-LARGE

Would you be interested in coaching or assisting with any of the above teams? Yes No Level _____

NOTE: Any player who has not submitted a registration form or paid the registration fee will not be permitted on the field.

AGREEMENT: In consideration of the agreement by Lucknow & District Joint Rec. Board By-Laws to supply coaching and field facilities for practice and games, the undersigned parent/ guardian agrees to abide by the terms set forth in the L&DJRB By-Laws governing the conditions under which applicants shall participate in Lucknow Minor Sports.

It is advisable that every player be covered under the Ontario Hospital Insurance Plan. In case of injury, the player and parent herewith waives all claims of any kind against L&DJRB and Lucknow Minor Sports in regards to injuries incurred by said player while playing, practicing, or travelling to and from out-of-town games. This consent recognizes that all reasonable precautions will be taken to prevent accidents or injuries. Permission is given to allow supervisors to seek emergency medical treatment.

PHOTO RELEASE: I authorize the use of any photo taken while participating in the above program.

APPROVALS

SIGNATURE OF PARENT/GUARDIAN

DATE