Soccer Program
Participant Registration Form
Complete one form per participant

PART A: PARTICIPANT INFORMATION

Full Name:	Date of Birth (dd/mm/yyyy):	Age:

Participant Medical Conditions / Allergies / Limitations:

Jersey Size: ☐ Youth XS *(4t/5t)* ☐ Youth S *(6t)* ☐ Youth M *(8)* ☐ Youth L *(10)* ☐ Adult S ☐ Adult M ☐ Adult L

Select League: ☐ Age 3 ☐ Age 4 ☐ Age 5 ☐ Ages 6-8 ☐ Ages 9-11 ☐ Ages 12-15

PART B: FAMILY INFORMATION

Parent/Guardian Full Name:	Relation to Participant:
Enter an email address to recieve program updates:	Email:
Primary Phone Number:	Secondary Phone Number:
Mailing Address:	
City/Town:	Postal Code:

PART C: EMERGENCY CONTACTS

Emergency Contacts must be available for the duration of the program.

Primary Contact Full Name:	Primary Contact Relationship:
Primary Contact Primary Phone:	Primary Contact Secondary Phone:

PART D: WAIVERS

Please read and check the boxes below:

☐ I give permission for Township of Tiny staff to take photographs of the participant for potential use in future promotional materials

☐ I give permission for Township of Tiny staff to give the participant food or drink as a part of the program

I hereby waive, release, absolve, indemnify, and agree to hold harmless the Township of Tiny, the program organizers, and/or supervisors for any claim arising out of an injury to the participant *(required)*

Signature of Parent/Guardian:	Date (yyyy/mm/dd):

PART E: VOLUNTEER COACHES

Volunteer Coaches and Assistant Coaches are required for this program's success. **Such volunteers receive a <u>free</u> soccer registration**. If you are interested in volunteering this season, please complete the following fields.

Full Name:	Primary Phone Number:
Requested Age Group/Participants:	Shirt Size (unisex): ☐ XS ☐ S ☐ M ☐ L ☐ XL
Health Concerns:	

If you have any questions or concerns, please contact the Recreation & Culture at recreation@tiny.ca or (705) 526-4204 ext. 3.