



HOWICK MINOR SOCCER REGISTRATION FORM 2019

Parent / Guardian Information

First Name	Last Name	Email Address	
Home Phone #	Cell Phone #		
Address		Town	Postal Code

Divisions – Registration Fees **** A deduction of \$25.00 per player this year - Thank you Howick Optimist Club**

<u>KK</u> (2014 – 2015) - \$45.00 - \$25.00 = \$20.00	<u>U10</u> (2009 – 2010) - \$75.00 - \$25.00 = \$50.00	<u>U16</u> (2003 – 2004) - \$100.00 - \$25.00 = \$75.00
<u>U6</u> (2013) - \$55.00 - \$25.00 = \$30.00	<u>U12</u> (2007 – 2008) - \$85.00 - \$25.00 = \$60.00	<u>U18</u> (2001 – 2002) - \$100.00 - \$25.00 = \$75.00
<u>U8</u> (2011 – 2012) - \$70.00 - \$25.00 = \$45.00	<u>U14</u> (2005 – 2006) - \$90.00 - \$35.00 = \$65.00	

Player Information *Deduction of \$5.00/player if more than 3 players.

Last Name	First Name	Date of birth DD/MM/YYYY	Division	Fee

TOTAL Fees

REGISTRATION TOTAL	\$ _____	Paid by Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other <input type="checkbox"/>	Executor initials of payment received:
A separate Fundraising/Volunteer Cheque of \$75.00	\$ _____	Paid by Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Other <input type="checkbox"/>	Executor initials of payment received:

Medical Information

Please explain any medical conditions that the coach should be aware of e.g. asthma, allergies, previous fractures, etc.

Publication Waiver

By signing below, I, the parent or legal guardian of a player(s) on a Howick Minor Soccer (HMS) team, give consent to allow the use of personal information and/or photographs of my child to be used within HMS publications. Personal information that may be posted would include stats, awards, prizes or accomplishments achieved by my child, events or activities that my child may be involved in and/or their year of birth.

HMS publications may include the local newspaper, newsletters or the HMS website. This information can be viewed by anyone that accesses the HMS website, or publications, and if a consent were withheld, this publication would not occur. I give consent voluntarily, and understand that I may withdraw my consent at anytime, in writing.

By signing here, you have read and agreed to the terms and conditions outlined on page two (the backside) of this registration form as well as the Publication Waiver above.

X

Parent's / Legal Guardian's Signature

Date

CONSIDER REGISTRATION FORM AS RECEIPT