

**Hounsfield Heights- Briar Hill
2011-2012 Indoor Soccer Registration**

Registration Night: Tuesday, Sept. 13, 6:30 – 8:00pm at HHBH Gym

Circle the appropriate gender & age group:

Gender: M or F

Age Group: U8 2004 or later
U10 2002 or later
U12 2000 or later
U14 1998 or later
U16 1996 or later

Player Last Name: _____

Player First Name: _____ Date of birth:
(d/m/y) _____

Address: _____ Postal
Code _____

Parent/ Guardian (Main Contact):
(Secondary Contact):

Parent/ Guardian

Name: _____

Name:

E-mail address: _____

E-mail address:

Home phone: _____

Home phone:

Cell phone: _____

Cell phone:

Emergency contact (if different from above): _____
Phone: _____

Doctor: _____ Phone: _____ A.H.C.
No: _____

Relevant medical history, (medications/allergies, etc.):

Other concerns (braces, contact lenses, etc.):

Soccer History (Please describe):

What are your goals for your child this season?

- Fees:**
- U8 - \$80, U8 Competitive - \$315, U10 and up - \$315
 - Players must be members of HH-BH Community Association. If you are not a member, please download the membership form from the HH-BH website, and forward this completed membership form with the \$20 family membership fee, along with the soccer registration form. (Memberships are valid April 1, 2011 – March 31, 2012. If you played HHBH community soccer in spring 2011, you are already a member.)
 - Cheques must be made payable to “HHBH Community Association.”

Registration Deadline: Forms and fees must be received by the Registrar by Sept 13, 2011

Questions? Contact indoorsoccer@hh-bh.ca

. . . page 2

(A) PARENT/ GUARDIAN CONSENT AND RELEASE

I, _____ do hereby give my full permission for my child, _____ to participate in the above sport activity program conducted by the Hounsfield Heights-Briar Hill Community Association. I recognize the risk of loss or injury arising thereby, and agree and state that we allow such activity and consent to same at our sole risk. In consideration of allowing our participation in this recreational activity organized by or on behalf of Hounsfield Heights-Briar Hill Community Association, on behalf of our child and our own behalf, we specifically release and hold harmless the Hounsfield Heights- Briar Hill Community Association, its agents, servants, directors and volunteers from all loss, damage or injury resulting from or in connection with such participation, except arising from their own gross neglect or default.

IN THE EVENT OF INJURY or any other emergency, I authorize HH-BH Community Association or any of its agents to secure such medical advice and services, as HH-BH Community Association or its agents may deem necessary for the health or safety of my child. I ACCEPT RESPONSIBILITY for all such action taken on my child's behalf, including financial responsibility in excess of benefits, provided for my child in any medical plan.

Signature of Parent/Guardian _____

Date: _____

(B) PRIVACY CONSENT

By providing the personal information on this form, I am consenting to HH-BH Community Association's collection and use of that information for the purposes of providing programs sponsored by the community. This information may be retained until December 31, 2012.

Signature of Parent/Guardian _____

Date: _____

(C) TEAM LISTS

I give permission for our contact information to be included in the team list for use by the coaches and program administrators, and for distribution to team members.

Signature of Parent/Guardian _____

Date: _____

FINAL NOTE:

In order to have a successful season we need coaches and coordinators.
Please consider helping us out. Thank you!

I am interested in volunteering as: Coach _____
 Ass't Coach _____
 Team Mgr _____

Name: _____ Phone: _____

Copies of this form and community membership forms can be printed from the
community web site.

http://www.hh-bh.ca/main/page_indoor_soccer.html

Office Use:

Initial: _____

Program Code: _____ Program fee: \$ _____ Paid by cheque _____ or cash _____

Community Membership Number: _____