



SOOKE SOCCER CLUB YOUTH REGISTRATION FORM 2008-2009

Player's Name: _____ Address: _____ Birth date: (mm/dd/yyyy) _____	Home Phone: _____ Other Phone: _____ Email: _____ Gender: Male Female
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Preferred level of play (circle one): Recreational Intermediate Competitive No Preference
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All new player registration forms must be accompanied by a photo copy of a birth certificate, baptismal certificate, passport or citizenship card. Returning players need only to fill in any changes and sign the registration form.

Please print player's Parent/Guardian information in the spaces provided below.
Having correct Parent/Guardian names and information is necessary for team and club phone lists

Mother/Guardian information	
First name _____	Last name if different _____
Mother's address if not players _____	
Phone: _____	
Email: _____	
Work phone: _____	

Father/Guardian information	
First name _____	Last name if different _____
Father's address if not players _____	
Phone: _____	
Email: _____	
Work phone: _____	

The information provided on this form is being collected as part of our player, coaching and team management process. The information will only be used for purposes related to the daily operation of our soccer programs and is subject to the rules contained in the British Columbia Personal Information Privacy Act (PIPA). A copy of the LISA Rule 1300 describes how your information will be used and protected. A copy of the rule is available on request or may be viewed on the Lower Island Web Site (www.lowerislandsoccer.com). If you have any questions about the collection and use of this information you may contact your Club Registrar or the Executive Director of the Lower Island Soccer Association (250) 382-7489 or send an email to executivedirector@lowerislandsoccer.com.

Successful operation of this club requires parent Volunteers. Your child's team and the Club need help to perform and manage many duties. Please check at least one area where a parent or guardian can offer assistance.

Volunteer areas of interest: (please check one or more)

Name _____

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Board Member |
| <input type="checkbox"/> | Coach |
| <input type="checkbox"/> | Assistant Coach |
| <input type="checkbox"/> | Management |
| <input type="checkbox"/> | Concession |
| <input type="checkbox"/> | Sponsorship |
| <input type="checkbox"/> | Fund Raising |
| <input type="checkbox"/> | Tournament |
| <input type="checkbox"/> | Committee Chairperson |
| <input type="checkbox"/> | Work party, field maintenance |
| <input type="checkbox"/> | Registration table |

Name _____

- | | |
|--------------------------|-------------------------------|
| <input type="checkbox"/> | Board Member |
| <input type="checkbox"/> | Coach |
| <input type="checkbox"/> | Assistant Coach |
| <input type="checkbox"/> | Management |
| <input type="checkbox"/> | Concession |
| <input type="checkbox"/> | Sponsorship |
| <input type="checkbox"/> | Fund Raising |
| <input type="checkbox"/> | Tournament |
| <input type="checkbox"/> | Committee Chairperson |
| <input type="checkbox"/> | Work party, field maintenance |
| <input type="checkbox"/> | Registration table |

Medical Information

BC Care Card #: _____

Doctor's name: _____

Doctor's phone: _____

Medical Conditions:

Emergency Contact:
Name: _____

Phone: _____

I have read the above information. I understand that I am responsible for payment of bank charges of \$10.00 for any NSF or returned cheques. I also understand that I must maintain my membership in "good standing" by abiding by the rules of fair play & good conduct and keeping my fee payments up to date.

Signature of Parent or Guardian _____

To be filled out by Club Official

Age Group	Year	Fees (Early* / Regular)	Amount Paid	Receipt #	Cheq/Cash
Sandlot U04	2005	\$90* \$105			
Sandlot U05-06	2004/2003	\$115* \$130			
Mini U07-08	2002/2001	\$115* \$130			
Mini U09-10	2000/1999	\$135* \$155			
Super 8 U11- U12	1998/1997	\$135* \$155			
11 a side U13 - U18	1996/1991	\$175* \$195			
Uniform Deposit	one per player	\$50			
Volunteer Fee	one per family	\$75			

** Early registration fee applies only if registration form is received no later May 15, 2008.*
 Fee cheques can be postdated to September 1, 2008. Volunteer cheques must be postdated to April 30, 2009

Received by: _____

Date: _____

PLEASE MAKE CHEQUES PAYABLE TO:
 SOOKE SOCCER CLUB

RETURN THIS FORM TO:
 THE REGISTRAR
 C/O SOOKE SOCCER CLUB
 PO BOX 163, SOOKE, BC V0S 1N0

