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SHEDDEN SOCCER YOUTH REGISTRATION

Player Name: _____

Date of Birth (mm/dd/yy): _____ male female

Address: _____

City: _____ Postal Code: _____

Parents / Guardians (print): _____

Phone: _____ Email: _____

Phone: _____ Email: _____

Health Issues: _____

Shedden Soccer and the Township of Southwold assumes NO responsibility for accidents or injury incurred to, from or during any practice, game or organized event by Shedden Soccer and/or its representatives, coaches, officials or members.

Skill Level: beginner intermediate advanced

How did you learn about our program and registration information? _____

Signature: _____ **Date:** _____

Refund Policy: full refund deadline May 1st 50% refund deadline June 1st no refund after June 1st

Volunteer Cheque Requirements: 3 hours per family + jersey return

registration fee cheque # _____ cash e-transfer \$ _____

\$150 volunteer cheque dated Aug 30 # _____ birth certificate signed parent code of ethic

SHEDDEN SOCCER YOUTH REGISTRATION

Name: _____ Date: _____

\$ _____
_____ registrar signature