


Corunna Wild Cats Soccer Registration Form

Medical/Allergy Condition??

No  Yes

If Yes, Explain: \_\_\_\_\_

 <p style="text-align: center;">                 P.O. Box 1409                  CORUNNA, Ontario                  N0N 1G0                  519-813-9478                  www.corunnawildcats.com             </p> <p>Personal information collected on this form is used solely to register the player with the Ontario Soccer Association, administration by club officials for appropriate team placement and meets Federal and Provincial Laws.</p>	<p style="text-align: center;">Player information</p> <p>First Name _____</p> <p>Last Name _____</p> <p>Address _____</p> <p>City _____</p> <p>Postal Code _____ Phone _____</p> <p>Sex M / F <input type="checkbox"/> <input type="checkbox"/> Date of birth _____                  Day Month Year</p>
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Please check program that you wish to register for

House league <input type="checkbox"/>	Girls' LKDYSL District <input type="checkbox"/>	Boys' LKDYSL District <input type="checkbox"/>
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Club & country last registered with (if other than Corunna) \_\_\_\_\_

**Notice of warning:** There is potential risk in training and participating in any sport, and we have tried to create a safe environment. The coach has established rules for participation, and proper conduct on or about the playing field must be followed.

**Agreement:** I have read and understood the registration rules.

I agree to abide by the Published Rules of the Ontario Soccer Association, the Lambton-Kent Soccer Association and the MTMSA and will not hold the Moore Township Minor Soccer Association liable for any injury sustained by myself and/or child while participating in the soccer program on or off the playing surface.

I have read, understood and agree with the Privacy Information sheet and the injury waiver form. [If not please complete a copy of said form(s) indicating your area(s) of objection and attach to this registration form].

**Printed name of parent (unless player is 19 years of age)** \_\_\_\_\_

**Signature of parent (unless player is 19 years of age)** \_\_\_\_\_

**Date:** \_\_\_\_\_

Youth soccer is run mainly by parent volunteers and its success is dependent on your eagerness to help. Please indicate at which position(s) you can help. Coach  Co-coach  Convenor  Other

There will be no special requests for players to be placed on the same house league team except for siblings who may fall within the same age division and then only at the discretion of the convenors.

**No player is allowed to play until this form is completed, signed, all fees are paid and both are given to the registrar and the registrant is registered with the Ontario Soccer Association.**

↓ **Official Receipt** ↓

**Fees: CHEQUES ARE PREFERRED. PLEASE MAKE PAYABLE TO MTMSA.**

**House league : \$90.00 / District: \$110.00      \$20.00 Late Fee After April 1st**  
*\$10.00 per child family discount*

Received \$\_\_\_\_\_ for summer soccer registration for player noted above (if more than one family player, please list others here: \_\_\_\_\_)

OSA Club Registration # 3006

Printed Name & Signature of Board Member: \_\_\_\_\_

Top copy: MTMSA

Bottom Copy: Player