



# Tiny Tots

## Registration Form

Please Print Your Child's Information

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_  
No. / Apt. Street City Prov. Postal Code

Home Phone: \_\_\_\_\_ Parent's Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Guardian #1 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Guardian #2 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Care Card: \_\_\_\_\_ Birth date: \_\_\_\_\_  
Month Day Year

Medical Concerns: YES / NO If Yes, briefly explain: \_\_\_\_\_

Do you live within Quesnel City Limits or in the Cariboo Regional District?  CITY  CRD

Are you a Canadian Citizen? (if no, please refer to international release form)  Yes  No

<b>AGE</b>
2008
2007
<b>PROOF OF BIRTH</b>
Yes
No
<b>Gender</b>
Male
Female

### Fall Session

### Oct - Dec 2011

<b>Monday</b>	4:00 PM	Oct. 24, 2011 – Dec. 12, 2011	(8 sessions x 45 min.)	\$ 45.00
<b>Wednesday</b>	4:00 PM	Oct. 26, 2011 – Dec. 14, 2011	(8 sessions x 45 min.)	\$ 45.00
<b>Saturday</b>	11:00 AM	Oct. 29, 2011 – Dec. 17, 2011	(8 sessions x 45 min.)	\$ 45.00
<b>Total</b>				

Paid by:  CASH  CHEQUE # \_\_\_\_\_  Debit Card  Credit Card Tax Receipt # \_\_\_\_\_

QYSA accepts cash or cheques made payable to Quesnel Youth Soccer Association. NSF service charge of \$25.00 will apply. Refunds less expenses and a \$20.00 administrative fee will be issued with **medical notes only**.

For Office Use Only	MS Initial: _____
Date: _____	Time: _____

**Quesnel Youth Soccer Association**  
980 Anderson Drive Quesnel, BC V2J 6N8  
Phone (250) 992-2223 Fax (250) 992-3332  
info@qysa.ca

## www.qysa.ca



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## Release:

As parent/guardian of the applicant, I understand that participation in soccer can result in injury. I hereby give permission for my child to participate in Quesnel Youth Soccer Association (hereinafter referred to as QYSA) programs and agree as the parent and on my child's behalf to comply with all club rules, regulations, and the code of conduct policy.

In consideration of this application to play under the auspices of QYSA, I do hereby for myself, heirs, executors, administrators and assigns, remise, release and forever discharge QYSA, its officers, or anyone acting on their behalf from all manner of litigation, damage, claims, or demands in law or equity which I may have or acquire by reason of personal injury, loss or damage to property, which may occur during or by reason of participation in the activities of QYSA. It is hereby understood and agreed that this release and discharge is binding on the undersigned, the applicant child, parent (s) or guardian (s), heirs, executors, and assigns.

I give permission for emergency medical treatment of the applicant in case of injury and I cannot be contacted.  
 Yes       No

As a parent/guardian of a registered player I am now a member of Quesnel Youth Soccer Association and therefore entitled to vote at the Annual General Meeting. I understand that as a member I must uphold the constitution and comply with Quesnel Youth Soccer Association bylaws.

I consent to photos/videos of the applicant being taken and used for the promotional purposes of QYSA.  
 Yes       No

I understand all soccer programs are subject to change due to attendance, weather, and funding.  
 Yes       No

I understand & agree to the contents of this release.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Volunteer Information

Want to become involved? Let us know which areas interest you!

- Coach       Assistant Coach      Name of Child/Team \_\_\_\_\_
- Office Support       Concession       Special Events       Camp/Clinic/Tournament
- First Aid Level: \_\_\_\_\_       Field Preparation or Clean-up

Name: \_\_\_\_\_ Phone: \_\_\_\_\_