



Registration Form

Tiny Tots

AGE

2007

2006

PROOF OF BIRTH

Yes

No

Gender

Male

Female

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

Winter Session

January - February 2010

Monday	4:00 PM	January 4 – February 22, 2010	(8 sessions x 45 min.)	\$ 45.00
Tuesday	4:00 PM	January 5 – February 23, 2010	(8 sessions x 45 min.)	\$ 45.00
Wednesday	10:00 AM	January 6 – February 24, 2010	(8 sessions x 45 min.)	\$ 45.00
Thursday	10:00 AM	January 7 – February 25, 2010	(8 sessions x 45 min.)	\$ 45.00
Saturday	10:00 AM	January 8 – February 27, 2010	(8 sessions x 45 min.)	\$ 45.00
SUNDAY	March 7, 2010	2:00 – 4:00 PM	Denny's Restaurant Banquet Room Group Party, Families Welcome	FREE for Tiny Tots
Total				

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 a \$20.00 administrative fee will be issued with medical notes only.

For Office Use Only

MS Initial: _____

Date: _____ Time: _____

How did they hear about registration: _____

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



Tiny Tots

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: _____

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