TOWNSHIP OF LEEDS AND THE THOUSAND ISLANDS

P.O. Box 126, 1 Jessie Street, Lansdowne, Ontario, K0E 1L0
Phone: (613) 659 - 3080 Fax: (613) 659 - 3619 E-mail: rec-dept@townshipleeds.on.ca

SOCCER PROGRAM REGISTRATION FORM

PARENT OR GUARDIAN INFORMATION

First Name: _____ **Last Name:** _____

Address: _____ **Town/City:** _____

Postal Code: _____ **E-mail:** _____

Home Phone: _____ **Work Phone:** _____

Emergency Contact: _____ **Phone Number:** _____

PARTICIPANT INFORMATION

First Name: _____ **Last Name:** _____

Date of Birth: ____ / ____ / ____ (DD / MM / YY) **Gender:** **Female** ☐ **Male** ☐

Skill Level: _____ **Township Resident:** **Yes** ☐ **No** ☐

PROGRAM INFORMATION

Program Name: 1000 Islands Minor Soccer **Date Offered:** May 2 – June 20, 2009

Session: (if required) Spring / Summer ☐ **Fall** ☐ **Winter** ☐ **Location:** Jerry Park, Lansdowne

Medical Concerns or Special Needs Relevant to Program: _____

Interested in volunteering as a coach? Yes ☐ **No** ☐

Would you like to apply for subsidy? Yes ☐ **No** ☐ **Amount applying for?** _____

The Township of Leeds and the Thousand Islands respects the privacy of its users. Our goal is to protect your information staff adhere to strict policies that protect the confidentiality of any personally identifiable information such as names, e-mail addresses and telephone numbers.

Comments: _____

I the undersigned, do hereby release and agree to indemnify and save harmless the Township of Leeds and the Thousand Islands and their respective officers, employees or agents, and each and every Board and Commission thereof, from all claims for loss, injury or damage, to persons and property while participating in or traveling to and from the above activity, which I, or any person claiming through me or on my behalf, may at any time have arising out of or connected with the operation of this activity.

Parent or Guardian Signature	Print Name	Date

For Office Use Only

Drop Off ☐ **Mail** ☐ **Drop Slot** ☐ **Fax** ☐ **Date:** _____

Cash ☐ **Cheque** ☐ **Debit** ☐ **Entered** ☐

Account Number: _____ **Received By:** _____

Receipt Number: _____ **Total:** _____

PAID