



2019 Eston Minor Soccer Registration

Cost: \$35/registration

Deadline to Register: September 6, 2019

Eston Minor Soccer will take place in the months of September and October and is open to children ages 4-12.

A \$10 late fee per registration will apply if submitted after September 6, 2019.

KidSport funding is available for those who qualify and must be submitted **with registration by the deadline** to qualify.

Registration is not complete until this form, payment and medical information have been received.

Participant Information:

First Name: _____

Last Name: _____

Gender: Male Female
(Please circle)

Date of Birth: _____
(day/month/year)

2019 Divisions (circle one):

- Ages 4 & 5 (born January 1, 2014 – December 31, 2015)
- Ages 6 – 9 (born January 1, 2010 – December 31, 2013)
- Ages 10 – 12 (born January 1, 2007 – December 31, 2009)

Parent/Guardian Information:

First Name: _____

Last Name: _____

Relationship to Child: _____

Mailing Address: _____

Town: _____

Telephone: _____

Postal Code: _____

Email: _____

First Name: _____

Last Name: _____

Relationship to Child: _____

Mailing Address: _____

Town: _____

Telephone: _____

Postal Code: _____

Email: _____

I am interested in coaching:

Yes

No

Medical Information:

After returning the registration form, you will receive an email containing a link to the e-Pact online medical form. **If you have completed the medical information previously, you will still be asked to ensure that all information is up to date. Athletes will not be allowed on the field until the medical information is completed.**

Required Equipment:

- Running shoes or cleats
- Shin guards are optional

Consent:

I understand and agree that this information is being collected for the purpose of Eston Minor Soccer registration and may be used to update the athlete of upcoming sports he/she may be interested in.

It is a condition of participation that the athlete does so at his/her own risk. The Eston & District Recreation Board is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director informed of any change in the above information as well as medical information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary. I authorize doctors and nursing staff to examine, investigate and treat my child as necessary.

I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature: _____

Date: _____

OFFICE USE ONLY

Total: _____

Date Payment Received: _____

Staff Initials: _____

Receipt #: _____