

Individual Registration Form

FAX COMPLETED FORM TO (519) 977-9394 or email all info to soccer@thesoccerplace.ca

I, the undersigned, acknowledge and agree that attending or participating in sports may be hazardous and may result in injury. I further agree that I assume all risks of injury for myself and anyone who comes with me to the premises incurred or suffered while upon the premises or as a result of using the facilities or equipment therein. I further expressly agree to release the Novelletto Rosati Complex (NRC), its owners, employees, agents, successors, assigns, affiliates and anyone else associated with the NRC and ICHA from any and all claims, demands or damages whatsoever, whether developed or undeveloped, known or unknown, anticipated or unanticipated, have, now or in the future, including, but not limited to any and all claims, demands or damages for negligence, personal injury and/or loss, theft or destruction of personal property. It is my intention that this release be as broad as municipal, provincial, and federal law allows releases of this sort to be. I understand that, without this document, the cost of participation would necessarily be greater, and I also acknowledge that I may obtain insurance to protect myself if I so choose. I further agree to save, hold harmless, and indemnify the NRC, the ICHA, its owners, employees, agents, successors, assigns, affiliates, and anyone else associated with the NRC and ICHA, from any and all claims, demands or damages, including cost, interest and attorneys' fees which they may suffer or incur as a result of any claims by me, anyone who comes with me to the premises, or related entities, and/or as a result of any claims, demands or lawsuits arising out of my actions or those of anyone who comes with me to the premises. All Alcohol is prohibited on the premises and failure to do this will result in removal from the league with no refund. I have read the foregoing release, I fully understand it, and I agree to be bound by it.

Parent's Signature of Waiver: _____ Date: ____/____/____

CLASSES ARE: MONDAY @ 5:00pm—6:00pm (Jan. 9 —Apr. 2, 2012)

Parent's Name: _____

Child's Name: _____

DOB (DD/MM/YYYY): (____/____/____) Gender (M / F)

E-mail Address: _____ (must be included)

Address: _____ City: _____

Postal _____ Home Phone: _____ Alt: _____

[] Toddler Soccer—\$150.00 Including HST (\$132.74 + \$17.26(hst) = \$150)

Payment Method: Cash Debit Visa MC

Card #: [][][][] - [][][][] - [][][][] - [][][][]

Exp: 20[][] / [][][]

Total Charged to Card: \$ _____

Signature: _____

CONTACT KYLE LUCIW
 519-977-8900 ext.24
 kyle@thesoccerplace.ca



TODDLER CLINICS



4 - 6 yrs old

WWW.THESOCCERPLACE.CA

Phone: 519-977-8900 ext. 24

Fax: 519-977-9394

