



BRACEBRIDGE SOCCER CLUB
Youth Academy
REGISTRATION
FORM

YEAR OF BIRTH: _____ GENDER: MALE _____ or FEMALE _____

AGE DIVISION: SENIOR _____ INTERMEDIATE _____ JUNIOR _____ U8 DEV _____

GOALKEEPER TRAINING: _____ (In addition to, or instead of regular Academy Training)

CURRENTLY (2009) REGISTERED WITH ONTARIO SOCCER ASSOCIATION: Yes ___ No ___

MEMBER BRACEBRIDGE SOCCER CLUB: YES _____ OR OTHER: _____

Player : First Name: _____ Last Name: _____

Date of Birth: Day _____ Month _____ Year _____

E-Mail Address: _____

Mailing Address: _____

Postal Code _____ Home Phone: _____

Street Address if Different _____

T-SHIRT Size: Youth: Sm ___ Med ___ Large ___ Adult: Sm ___ Med ___ Large ___

Parent/Guardian Names _____

E-Mail Address: _____

Address if Different than Above _____

Postal Code _____ Home Phone _____

Emergency Contact Person _____ Phone # _____

ALL PLAYERS (OR PARENT)

I, _____, AGREE TO ABIDE BY THE PUBLISHED RULES OF
(signature of parent/player) THE ONTARIO SOCCER ASSOCIATION.

2009 - 2010 FEES - ALL DIVISIONS - \$50
INCLUDES FALL & WINTER SESSIONS – UP TO MARCH BREAK

Please make cheques payable to **Bracebridge Soccer**.
Bracebridge Soccer Use: Registration Received By: _____
Date: _____ Amount Paid: _____