

Antigonish Celtics Soccer Club
PO Box 1182
Antigonish, NS B2G 2L6

PLAYER REGISTRATION

SURNAME: _____ FIRST NAME: _____
CIVIC ADDRESS: _____
CITY: _____ PROV: _____ POSTAL CODE: _____
DATE OF BIRTH (DD/MM/YY): _____ GENDER: _____
PARENT(S) NAME(S): _____
PHONE NUMBER: _____ E-MAIL ADDRESS: _____
CELL PHONE: _____ EMERGENCY PHONE NUMBER _____
LAST CLUB REGISTERED IN _____

REGISTRATION FEE

U4 \$85.00 __ U5/U6 \$95.00 __ U8 \$120.00 __ U10 \$120.00 __ U12 \$120.00 __
U3/15/17/SOCCER FOR LIFE \$120.00 __ FAMILY DISCOUNT FOR 3 OR MORE CHILDREN
OF 10% IS AVAILABLE UPON REQUEST \$20.00 LATE FEE PER REGISTRANT AFTER APRIL 30TH

REGISTRATIONS MUST BE RECEIVED 48 HOURS BEFORE A PLAYER CAN GO ON THE FIELD

MAIL REGISTRATION TO P.O. Box 1182 ANT., NS B2G 2L6

THIS IS TO CERTIFY THAT I, AS PARENT/GUARDIAN WITH LEGAL RESPONSIBILITY FOR THIS PARTICIPANT, ON BEHALF OF THE PARTICIPANT, DO CONSENT AND AGREE TO THE ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SOCCER NOVA SCOTIA AND ANTIGONISH CELTICS SOCCER CLUB'S BY-LAWS AND POLICIES AND PROCEDURES

Players registered with the Antigonish Celtics Soccer Club consent to using their photo in promotional material related to club activities. This may include media, club events, electronic media or similar promotional material. Any player who does not wish to have their photo used for these purposes is asked to contact the club in writing. By signing this form from Antigonish Celtics Soccer Club, you agree to allow us to contact you via email or Facebook about upcoming soccer events, team rosters, cancellations, programs or anything else pertaining to you or your player.

PARENT/GUARDIAN SIGNATURE DATE

REGISTRAR'S SIGNATURE _____

VOLUNTEERS

WE ARE ALWAYS LOOKING FOR VOLUNTEERS. WOULD YOU LIKE TO HELP?

YES, I CAN HELP AS A: _____

OFFICE USE ONLY:

CASH: \$ _____ CHEQUE: \$ _____

www.antigonishcelticsoccer.com