



CENTRAL QUEENS CLIPPERS SOCCER CLUB

Registration
2010

WEBSITE: www.centralqueenssoccer.pe.ca
PO Box 160, Hunter River, PEI COA 1N0

clubhouse: 964-2692

TO THE PARENT OR LEGAL GUARDIAN:

Please advise if any players have medical conditions, please indicate any relevant medical history.

VOLUNTEERS NEEDED: PLEASE CHECK ONE & STATE AT WHICH LEVEL

Coaching: _____ Team Manager: _____ Tournaments: _____ Referee: _____ Spring Clean Up Day: _____

This is your official receipt. Please note that the registration fee portion of the total cost is eligible for the "Fitness Tax Credit". Please retain this receipt for your records. Duplicates will NOT be issued.

PLEASE PRINT: Date of birth(year/month/day): _____ / _____ / _____

Male: _____ Female: _____ New Player: _____ Returning Player: _____

PLAYER'S SURNAME: _____ **PLAYER'S FIRST NAME:** _____ **INITIAL:** _____

FULL MAILING ADDRESS: _____

POSTAL CODE: _____

CIVIC NUMBER & COMMUNITY: _____

TELEPHONE NUMBER(s): _____

E-MAIL ADDRESS: _____

PARENTS NAME OR LEGAL GUARDIAN: _____

I, the undersigned parent/guardian hereby release and discharge the Central Queens Clippers Soccer Club from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injury suffered by my child or incurred by me and resulting directly from participation of said child in this program.

Signature(Parent/Guardian): _____ **Date:** _____

Please Circle Age Division (For a full breakdown of registration costs please see website)

<i>DIVISIONS</i>	<i>BIRTH YEAR(S)</i>	<i>TOTAL COST</i>
U4	2006	\$ 82.00
U6	2004 & 2005	\$ 82.00
U8	2002 & 2003	\$112.00
U10	2000 & 2001	\$112.00
U12	1998 & 1999	\$155.00
U14	1996 & 1997	\$160.00
U16	1994 & 1995	\$165.00
U18	1992 & 1993	\$170.00
SENIOR LADIES		\$175.00

PAYMENT RECEIVED: \$ _____ CASH _____ CHEQUE _____

AMOUNT ELIGIBLE FOR FITNESS TAX CREDIT: \$ _____

RECEIVED BY: _____ **DATE:** _____

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PLEASE NOTE:

\$10.00 LATE FEE WILL BE CHARGED AFTER APRIL 17, 2010 FOR YOUTH LEAGUE PLAYERS & AFTER MAY 15, 2010 FOR HOUSE LEAGUE PLAYERS.

PLEASE CHECK IF YOU ARE INTERESTED IN YOUR CHILD MOVING UP A LEVEL IF SPACES ARE AVAILABLE: _____
PERSONAL INFORMATION COLLECTED ON THIS FORM WILL ONLY BE USED FOR THE PURPOSES OF CQCSC PROGRAMS AND FOR REGISTRATION REQUIREMENTS WITH THE PEISA.