



Soccer Amical Terrasse-Vaudreuil
Courriel : socceramicaltv@gmail.com

Sign Up Form

What's New:

1. Two registration periods (residents and non-residents)
2. Limited number of players for each age group.
3. 2019 season: **from June 3rd until August 14, 2019**

General Information:

- Please complete one Sign-Up Form per participant.
- **Player must start kindergarten in September 2019 in order to be eligible to register.**
- Soccer fees:
 - Resident - \$60 per player
 - Non-resident - 80\$ per player
- This entitles the player to: uniform (jersey, shorts and socks), individual picture and participation medal, Mr. Freeze after each game, year-end dinner for the player.

Payment Methods:

1. **Cheque**
 - a) Please make the cheque to the order of « **Soccer Amical T-V** », dated as registration date. Post-dated cheques will be refused.
2. **Cash**
3. **Electronic Payment (e-transfer)**
 - a) Please email transfer to socceramicaltv@gmail.com.
 - b) Payment will be debited once we receive the completed Sign Up Form, which can be emailed **to the same e-mail address**.

Signup Dates:

- **There will be two (2) registration periods:**
 - **March 16th to 29th, 2019, for Terrasse-Vaudreuil residents only**
 - **March 30th to April 13th, 2019 for all.**
 - **NO REGISTRATION WILL BE ACCEPTED AFTER APRIL 13th!**
- You will be able to register at the Library on Saturday, March 30th from 10AM until noon, and Wednesday, April 3rd from 7PM until 9PM.
- You can drop-off your Sign Up Form and payment at City Hall during their business hours any time during the registration period.

Season Start Date:

- **The season will start on Monday, June 3rd 2019.**
- There will two sessions per week (Mondays and Wednesdays); the specific times will follow shortly, but will remain fixed for the season.
- Your completed Sign Up Form and payment must be received before being granted access to the field.

Required Equipment (to be supplied by the player):

Shin pads, soccer cleats (no metal cleats), water bottle, and warm sweater. Please label all your child's belongings.

Game rules

We apply FIFA rules with a few modifications from Soccer Amical T-V to ensure respectful, fair play.

In Case of Rain:

In the case of rain, parents will be notified by email about 5:30pm the night of the game; our Facebook group will also be updated.



SOCCER REGISTRATION FORM – SUMMER 2019
Complete one registration form per child (make copies as needed)

IDENTIFICATION OF PLAYER:	Sex: Male Female
Family name:	Given name(s) :
Date of birth : ____ / ____ / ____ mm / dd / yyyy	Clothing size :

IDENTIFICATION OF PARENT OR GUARDIAN :	
Please keep us advised of any changes. If communication is needed regarding the child, this person will be contacted.	
Family name :	Given name(s) :
Address :	City :
Postal code :	Telephone # (home) :
Telephone # (cell.) :	Mother's e-mail :
Relation to child :	Father's e-mail :
Other person responsible for the child (if applicable) Name : Telephone #:	

PARENTAL AUTHORIZATION FOR USING PHOTOS OF PLAYERS

I authorize I do not authorize **Soccer Amical T-V** to use photos of my child taken during soccer training, games or events relating to **Soccer Amical T-V** during the 2019 soccer season for promotional reasons and/or on Facebook.

SIGNATURE : _____ DATE : _____



HEALTH FORM

Please complete this form in block letters

ALLERGIES		
Hay fever	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Animals*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Insect bites/stings*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Adhesive bandages*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Medications*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Food(s)*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*please specify :		
MEDICAL CONDITIONS		
Does your child suffer from any of the following conditions?		
Asthma	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diabetes*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Epilepsy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Neurological*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Cardiovascular*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Other(s)*	Yes <input type="checkbox"/>	No <input type="checkbox"/>
*please specify:		
MÉDICATIONS		
Does your child take any medication(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Can he/she self-medicate ? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Name of medication(s) :		
Dosage :		
Please specify :		

Does your child carry adrenalin on him/her ?	
<input type="checkbox"/> Epi-Pen <input type="checkbox"/> Allerject <input type="checkbox"/> Other : _____	
Expiration date:	Dosage : <input type="checkbox"/> 0.3mg <input type="checkbox"/> 0.15mg

Completed by : _____ Date: _____

Signature : _____