



Soccer Amical Terrasse-Vaudreuil  
Courriel : [socceramicaltv@gmail.com](mailto:socceramicaltv@gmail.com)

# Registration Form

## What's new:

1. We will rely on volunteers to ensure an agreeable and secure season; therefore, it will take place only if we have enough volunteers.
2. 2020 season : **from July 6 until August 26 2020**

## General Information :

- Please complete **one Sign-Up form per participant.**
- **Player must start kindergarten in September 2020 in order to be eligible to register.**
- Fees : ***exceptionally , the 2020 season will be free.***

## Signup dates :

- **This year, registration will take place until July 3rd, and will be open to Terrasse-Vaudreuil residents only. After this date, if the play area allows it, we will open registration for non-residents.**

## Season Start Date:

- **The season will start on Monday, July 6<sup>th</sup> 2020.**
- 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 2020**  
 Complete one registration form per child (make copies as needed)

<b>IDENTIFICATION OF PLAYER:</b>	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Family name:	Given name(s) :
Date of birth :     ___ / ___ / _____ mm / dd / yyyy	

<b>IDENTIFICATION OF PARENT OR GUARDIAN :</b>	
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.) :	<b>Mother's e-mail :</b>
Relation to child :	<b>Father's e-mail :</b>
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	
<b>Does your child suffer from any of the following conditions?</b>	
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 ?**  
 Epi-Pen     Allerject     Other : \_\_\_\_\_  
**Expiration date:** \_\_\_\_\_      **Dosage :**     0.3mg     0.15mg

Completed by : \_\_\_\_\_

Date: \_\_\_\_\_

Signature : \_\_\_\_\_