

BOYLE ACTIVITY COUNCIL

Boyle Memorial Community Centre

530 Charlotte Street

London ON N5W 1A4

Please Print – One Form / Registrant

1 PROGRAM INFORMATION

Program Name: _____ Time: _____ Cost: _____
_____ Time: _____ Cost: _____
_____ Time: _____ Cost: _____

2 PARTICIPANT INFORMATION

First Name: _____ Last Name: _____
Street Address: _____ Postal Code: _____
Gender (please circle): M F Current Age: _____ Birthdate (dd/mm/yyyy): _____
Phone: _____ Email: _____

3 EMERGENCY INFORMATION

Parent(s) Name: _____ Phone (if different from above): _____
Additional Emergency Contact Name: _____
Relationship to Child: _____ Phone: _____

4 HEALTH ISSUES

Does your child have any health concerns: YES NO
If Yes, please explain: _____

5 MINI SOCCER ONLY

Are you able to assist with coaching (no experience required)?: YES NO MAYBE
Are you or your employer able to sponsor a soccer team?: YES NO MAYBE

REFUNDS

Please note: If a program is cancelled due to low registration you will be contacted and given a full refund.

WAIVER

With my signature here, I hereby release and hold harmless the Boyle Memorial Community Centre and all other persons or entities associated with the Boyle Memorial Community Centre from any and all injury or damage, for any claims or causes of action whatsoever, for any loss or injury suffered by me, or members of my family, while on the Boyle Memorial Community Centre property, or while participating in any function conducted or sponsored by the Boyle Memorial Community Centre/Boyle Activity Council, however the accident or injury occurred. One participant per form.

I give permission for my child to be photographed for promotional purposes (e.g. flyers): Yes No

Signature: _____ Date: _____

BAC USE ONLY

Amount Paid: _____ CASH CHEQUE Initials : _____