

# BOYLE ACTIVITY COUNCIL

## Boyle Memorial Community Centre

530 Charlotte Street

London ON N5W 1A4

### Please Print – One Form / Registrant

**1 PROGRAM INFORMATION: PLEASE CIRCLE APPROPRIATE PROGRAM**

|                |                                |                            |
|----------------|--------------------------------|----------------------------|
| 6-6:30         | Monday Soccer Wee Bairns       | Children born in 2013      |
| 6:30-7:30      | Monday All Girl Strikers       | Girls born in 2004-06      |
| 6-7 & 7-8*     | Tuesday Soccer Novice          | Children born in 2007-08   |
| 6:30-7:30      | Wednesday Soccer Tykes         | Children born in 2009-2010 |
| 6-7 & 7-8*     | Thursday Soccer Co-Ed Strikers | Children born in 2004-06   |
| 10-11 & 11-12* | Saturday Soccer Mites          | Children born in 2011-12   |

\* Please note that leagues with two start times will have half of their games scheduled at each start time.  
 Special Requests (Friends, coach, play on a certain sponsored team)  
 : \_\_\_\_\_

**2 PARTICIPANT INFORMATION**

Name: \_\_\_\_\_  
 Street Address: \_\_\_\_\_ School: \_\_\_\_\_  
 Gender (please circle): M F Birthdate (Mth/Year): \_\_\_\_\_

**3 PARENT OR GUARDIAN INFORMATION**

Parent(s) Name: \_\_\_\_\_  
 Email \_\_\_\_\_ Phone: \_\_\_\_\_

**4 HEALTH ISSUES**

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

**5 VOLUNTEERS AND SPONSORS NEEDED**

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

**WAIVER**

With my signature here, I hereby release and hold harmless the Boyle Activity Council and all other persons or entities associated with the Boyle Activity Council 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 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 : \_\_\_\_\_

