

BOYLE ACTIVITY COUNCIL

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 Lorne Avenue Public School and all other persons or entities associated with the Boyle Memorial Community Centre or Thames Valley District School Board 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 Lorne Avenue School 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 : _____

