

Lower Island Soccer Association

Office: 101 – 1246 Esquimalt Road, Victoria, BC V9A 3N8
Phone: (250)382-7089, Fax: (250)382-7480, Email: achurchard@lowerislandsoccer.com

District Development Centre Registration Form

Player Information:

Last Name _____ Birthday (M-D-Y) _____

First Name _____ Gender _____

Address _____ Care Card # _____

City _____ Email _____

Postal Code _____ Phone _____

School in Sept. _____

Previous Soccer Clubs:

Home Club _____ 2006/07 Division _____ Team _____

Coach _____ Phone: _____ Email: _____

Guardian Information:

Father/Guardian _____ Phone: _____ Email: _____

Mother/Guardian _____ Phone: _____ Email: _____

Sessions Fees: 24 Sessions per Phase

Complete Package: \$125.00 _____ (per month) Phase 1: Sept.10 – Nov.26

Phase 2: Dec 3 – March 4

Outdoor: \$70.00 _____ (per month) Phase 3: TBA

Phase 4: TBA

Indoor: \$70.00 _____ (per month)

3 Post Dated Cheques Sept. \$ _____ Oct.\$ _____ Nov.\$ _____

Player Release (Waiver must be signed):

As the parent or guardian of the above named player I confirm that all the above information is correct. I furthermore release the coaches, sponsors, volunteers and club executive from all liability, and I waive, as against the said coaches, sponsors, volunteers and Lower Island Soccer Association Board of Directors, all claims of any kind whatsoever that I might have for any and all illness, injuries and/or losses suffered or sustained by the said player through participation in activities of the Select/Metro Soccer League.

Signed: _____ Date: _____

For further details please contact:

Alan Churchard, Director of Coaching and Football Development, at the above email address or phone number.

