

**ST. CHARLES SOCCER ASSOCIATION REGISTRATION FORM**

www.stcharlessoccer.com

204-832-6499

Outdoor Season \_

Indoor Season \_

HOME COMMUNITY CLUB \_\_\_\_\_

GENDER: FEMALE \_ MALE \_ PLAYER BIRTHDATE: DAY \_\_\_ MONTH \_\_\_ YEAR \_\_\_

PROGRAM SELECTION: MINI \_ RECREATIONAL \_ DEVELOPMENTAL \_ PREMIER 1 \_ PREMIER 2 \_

AGE GROUP: U5/U6 \_ U7/U8 \_ U9 \_ U10 \_ U11 \_ U12 \_ U13 \_ U14 \_ U15 \_ U16 \_ U17 \_ U18 \_

**PLEASE NOTE THE FOLLOWING**

St. Charles Soccer Association reserves the RIGHT under WYSA Rules of Play to demand satisfactory verification of a player's age and residence. Improper declaration of either may be punished by disciplinary action against the player and/or others.

**RECREATIONAL PLAYERS:**

Every effort is made to place players on teams from HOME community clubs, but note that such placement IS NOT guaranteed. Actual team placement may affect the fee paid. Children are considered the league age in the calendar year determined by birth date

**DEVELOPMENTAL PLAYERS:**

Developmental teams are DISTRICT TEAMS. Player placement is based on individual assessments.

**PREMIER 1/PREMIER 2 PLAYERS:**

Premier 1/Premier 2 teams are DISTRICT TEAMS and placement is by INVITATION ONLY. Any player not selected to the Premier 1 program at their age level may be placed on a Premier 2 team or returned to their home community club for Recreational play.

**ALL PLAYERS REGISTERING FOR DEVELOPMENTAL, PREMIER 1 OR PREMIER 2 PROGRAMS MUST PROVIDE A SMALL WALLET SIZED PHOTO FOR A PLAYER IDENTIFICATION CARD.**

**PLAYER INFORMATION**

PLAYER NAME \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_ POSTAL CODE \_\_\_\_\_

PHONE \_\_\_\_\_

**Parent Information**

NAME(s) \_\_\_\_\_

ADDRESS (if different from above) \_\_\_\_\_

PHONE \_\_\_\_\_ BUSINESS PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

Volunteers are a vital component of the SUCCESS of our program. If you are able to volunteer please indicate your interest below

COACH \_ ASSISTANT COACH \_ TEAM MANAGER \_ REFEREE \_ EXECUTIVE/BOARD \_ OTHER \_

**CONSENT FORM**

I, the undersigned parent/guardian of \_\_\_\_\_ do hereby consent to his/her participation in the St. Charles Soccer Association program, and do waive and release the Association, its members, officials, volunteers, teams, leagues and sponsors from all claims for injuries, which may be incurred by the said player on the field and/or during transportation to and from a game/ practise. By registering my child, I consent to the collection, use and disclosure of his, her or my personal information during the course of my child's participation for the purposes set out through the Winnipeg Youth Soccer Association Privacy Policy, which has been adopted by the St. Charles Soccer Association. The WYSA Privacy Policy is available through the WYSA website www.winnipegyouthsoccer.com or upon request by contacting the WYSA Privacy Officer, who may be reached at wysa@shaw.ca or 204-233-8899. A small fee may be applicable for reproduction of a paper version of the policy. The Privacy Officer for St. Charles Soccer Association is the Board President. Please view the St. Charles website for our Refund and NSF cheque policies

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Parents NAME \_\_\_\_\_ PRINT NAME \_\_\_\_\_ Parent's Signature \_\_\_\_\_

AGE VERIFIED \_\_\_\_\_ FEE PAID \_\_\_\_\_ CHEQUE/CASH/OTHER \_\_\_\_\_

TRANSFERRED TO \_\_\_\_\_