



SOCCER FITNESS / UNIVERSITY OF MANITOBA BIONS WOMEN'S SOCCER ID CAMP - REGISTRATION FORM

Last Name _____		First Name _____	
Address _____		City _____	Province _____ PC _____
Date of Birth _____		Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
(Month)		(Day)	(Year)
T-Shirt Size (Adult): <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L		Name of Present Team/Academy _____	
PARENT/LEGAL GUARDIAN PERSONAL INFORMATION			
Last Name _____		First Name _____	
Telephone (res) _____		(bus) _____	(cell) _____
Email Address _____		@ _____	

The ID Camp comprises 3 days, 4 hours per day (9:00am-1:00pm) at Trio Sportsplex and at the Soccer Fitness Training Centre, 2nd Floor, Trio Sportsplex, 601 Cityview Boulevard, Vaughan, Ontario, All training is done under the direction of Soccer Fitness President Richard Bucciarelli.

Program Times and Dates:

Monday, July 17th: 9:00am-1:00pm

Tuesday, July 18th: 9:00am-1:00pm

Wednesday, July 19th: 9:00am-1:00pm

Cost:

"Early-Bird" Registration (on or before June 1st, 2017): \$250.00 + HST

Regular Registration (on or after June 2nd, 2017): \$300.00 + HST

Withdrawal and Refund Policy:

Non-attendance by a participant does not constitute a notice of withdrawal. Refunds for the program are not permitted. PLEASE NOTE: A \$20.00 fee will be charged for all NSF cheques.

Medical and Waiver:

I hereby certify that _____ has no medical limitations or restrictions whatsoever with regard to strenuous exercise.
Participant's Name

I hereby personally, and as a parent/guardian of the participant, waive all claims against, and release from all liability for all personal injury or loss, and hold harmless from all actions, proceedings, claims, and costs, Soccer Fitness Inc., including its owners, officers, directors, agents, employees, volunteers, business operators, independent contractors, and site property owners or lessees, arising out of the participant taking part in Soccer Fitness Inc. activities and exercise.

I certify that all the information given on this form is true and accurate.

SIGNATURE OF PARTICIPANT

(OR PARENT/LEGAL GUARDIAN

IF PARTICIPANT UNDER AGE 18) _____

DATE _____

FOR STAFF USE ONLY

METHOD OF PAYMENT

DATE PAID: _____

AMOUNT PAID: _____

CASH

CHEQUE

Please make cheques payable to:

SOCCER FITNESS INC.

**601 Cityview Boulevard, 2nd Floor
Vaughan, Ontario
L4H 0T1**