

# HAZELRIDGE SPORTS COMPLEX MEMBERSHIP (SUMMER SPORTS) REGISTRATION FORM

Family Name: \_\_\_\_\_

Parent/Guardians Names: \_\_\_\_\_ / \_\_\_\_\_

Address: Municipal #: (green sign) \_\_\_\_\_ Road Name & #: \_\_\_\_\_

Mailing Address: (if not same as above) \_\_\_\_\_

Home Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Email Address(es): \_\_\_\_\_

Name of Child(ren) and year of birth:	Program:	Manitoba Health #'s
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____
_____ / _____	_____ / _____	_____ / _____

\*\*\*\* Does your child have allergies, medications, physical or health problems your team officials should be aware of? No [ ] Yes [ ] Comments: \_\_\_\_\_

I consent that my child(ren) may participate in the program arranged by the Hazelridge Soccer program and the Northeastman Youth Soccer Association Inc. Further, I hereby agree to assume full responsibility for any injury that my child may sustain as a result of such participation.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

----- **Hazelridge Sports Complex info and payment details** -----

Hazelridge Sports Membership #: \_\_\_\_\_

Family Membership Fee:	\$45.____	Cash or Cheque #:	_____	Date: _____
Soccer Registration (per child)	\$45.____	Cash or Cheque #:	_____	Date: _____
Post-dated fundraising cheque:	\$25.____	Cash or Cheque #:	_____	Date: <u>May 1, 2012</u>
Other fees:	\$_____			

Name on cheque if different than family name on registration: \_\_\_\_\_

NOTES: \_\_\_\_\_

**THANK YOU FOR BEING A MEMBER OF HAZELRIDGE SPORTS COMPLEX!**