



**CATARAQUI CLIPPERS SOCCER CLUB
PLAYER REGISTRATION FORM
Winter High Performance Program**

PERSONAL INFORMATION

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address: *Apartment/Unit #*

_____ *City* *Province* *Postal Code*

Home Phone: () _____ Cell Number : () _____

Birth Date: _____ Gender: _____

Email Address: _____
(Very Important. You will be notified about cancellations or time changes by email.)

Please check off the group you would be attending

Under 9/10 (Born 2002-2001) _____ Under 11/12 (Born 2000/1999) _____

Under 13/14 (1998/1997) _____

If you are a **Goalkeeper** please also check here _____

PAYMENT

\$135.00 for 16 Weeks

Payment Type: Cheque _____ Cheque # _____ Cash _____ Amount Paid _____

Administrator's Signature

NOTE: Cash is only accepted at walk-in registrations. Cash that is mailed or left at any drop-off is done at own risk. No refunds or compensation will be provided without valid, official proof of cash payment. No exceptions.

Parents' Signature

Signature of Parent/Guardian

Date

Telephone number: 613 384-6196
Email address: administrator@clippersoccer.com
Please mail to: Po Box 20034
Kingston, Ontario
K7P 2T6