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 2001/2000) _____ $225.00

Under 11/12 (Born 1999/1998) _____ $250.00

Under 13/14 (1997/1996) _____ $250.00

Under 15/16 (Born 1995/1994) _____ $275.00

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

PAYMENT

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@clipperssoccer.com
Please mail to: Po Box 20034
Kingston, Ontario
K7P 2T6