

# Belle River Minor Soccer 2012 Registration Form

M/W

T/T

B G

Rank

P.O. Box 1201  
Belle River, Ont  
NOR 1A0

(519) 971-2077

www.brms.ca

Tiny Tot			Mini				Youth							
2008	2007	2006	2005	2004	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994
U4	U5	U6	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17	U18

PLEASE PRINT NEATLY

## Player Information

Childs Name : \_\_\_\_\_

E-Mail : \_\_\_\_\_

Address : \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Gender :  Male  Female

## Medical Information

Asthma , Heart Problems,  
Allergies, etc. \_\_\_\_\_

NOTE: This information is only used if your child is larger or smaller than the Jersey sizes normally ordered for his/her Division. **Your child may not get the exact size that you check off.**

## Soccer Information

House League  
Soccer  
(Years Played) \_\_\_\_\_

Travel Soccer  
(Years Played) \_\_\_\_\_

**Jersey Size**  
Youth  YXS  YS  YM  YL  
Adult  S  M  L  XL

## Family Information

Mothers Name : \_\_\_\_\_ Alt Phone # : \_\_\_\_\_

Fathers Name : \_\_\_\_\_ Alt Phone # : \_\_\_\_\_

Does this child have any siblings that are going to play in BRMS house league?

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

Year of Birth : \_\_\_\_\_ Year of Birth : \_\_\_\_\_ Year of Birth : \_\_\_\_\_

## Volunteer Information

I would like to: **Be A Sponsor**

I would like to:  
**Assist with the  
B.R.M.S. Board**

I would like to:  
**Be a Coach**  
For the child registered above

Company Name : \_\_\_\_\_

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

Coach's

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

Contact Name : \_\_\_\_\_

Phone : \_\_\_\_\_

Phone : \_\_\_\_\_

Phone : \_\_\_\_\_

E-Mail : \_\_\_\_\_

E-Mail : \_\_\_\_\_

E-Mail

## Waiver

I understand that Belle River Minor Soccer Club, and it's personnel do not accept any responsibility for any injury to my child incurred while playing or travelling to and from the club's games or practices. I also understand that parental supervision is strongly recommended and encouraged by the club, and that if any injury occurs, and I am not present, the coach, or club personnel have my permission to seek medical attention for my child. I am also aware that pictures may be taken of my child by other parents of B.R.M.S.C. and used to promote B.R.M.S.C.

## Registration Information

The Belle River Minor Soccer Club reserves the right to limit the number of registrations in some or all of the age groups. The B.R.M.S.C. also reserves the right to move players in an effort to rebalance the teams when necessary, to ensure a successful season for all. **There will be no considerations accepted for ride purposes or any other reason.** Late registrations between Feb 2/12 and Mar 31/12 will be an additional \$25. Registrations after Apr 1st (if accepted) will be charged **\$145.00 for each child registered.** **There is no refund on late registrations.** Payment must accompany registration form. There is a \$10 charge for N.S.F. Cheques. Refunds after the 2nd week of the season will be up to the discretion of the Executive Committee.

I have read and agree to the waiver and registration information above

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

### Fee Schedule July 23, 2011 to February 1, 2012

\$95.00 each for the first 2 Children in the same family.  
\$55.00 for each additional child in the same family

### February 2/12 to March 31/12

\$120.00 each for the first 2 Children in the same family.  
\$55.00 for each additional child in the same family