

# Performance Soccer Registration

PLAYER INFORMATION			
Name:		Birth date (MM/DD/YYYY):	Health Card #
Gender (Please Circle):      Female      Male		/      /	
PARENT 1—Primary Contact		PARENT 2—Secondary Contact	
Name:		Name:	
Address:		Address:	
City:	Postal Code:	City:	Postal Code:
Email:		Email:	
Home #:		Home #:	
Cell #:		Cell #:	
ADDITIONAL INFORMATION			
Current Soccer Club:		Team Name (ie: DFC U15 AAA Girls)	
<input type="checkbox"/> AA or <input type="checkbox"/> AAA <input type="checkbox"/> SNS Provincial Team		<input type="checkbox"/> Right or <input type="checkbox"/> Left Foot Dominant:	
Coach's Name & Email:		Playing Position(s):	
Previous Injuries:		Are you presently injured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
AVAILABLE SESSIONS - (PLEASE CHECK PREFERRED CLINIC BELOW)			
<input type="checkbox"/> <b>GIRLS 6 Week Soccer Clinic      Cost: \$180</b>  <u><b>Tuesdays 3:30 - 5:00pm</b></u>  <b>January 30, February 6, 13, 20, 27 &amp; March 6</b>		<input type="checkbox"/> <b>BOYS 6 Week Soccer Clinic      Cost: \$180.00</b>  <u><b>Thursdays 3:30 - 5:00pm</b></u>  <b>February 1st, 8, 15, 22, March 1 &amp; 8th</b>	

**Disclaimer (Please initial each section and sign at the bottom)**

\_\_\_\_ In consideration of the participant and his/her parent being permitted to register the participants to participate in our programs, I, the undersigned parent/guardian hereby release and discharge Hockeytown and Newbridge Academy from any and all claims, demands, actions and causes of action which I may have for any damages, loss or injuries suffered by my child or incurred by me and resulting directly or indirectly from the participation of such child in such program. I hereby undertake to indemnify Hockeytown, Newbridge Academy and its servants, agents and employees and hold them harmless from an in respect of any and all claims, demands, actions and proceedings which may be brought by or on behalf of said child against Hockeytown or Newbridge Academy arising out of his/her participation in the aforesaid program and in respect of any damages, loss or injury incurred by him/her during or as a result of such participation including all costs and expenses incurred defending any and all claims, demands, actions and proceedings.

\_\_\_\_ I hereby give my child permission to be photographed during program activities by Newbridge Academy staff and hereby understand that such photographs become the property of Newbridge Academy and may be used for the purpose of any promotional purposes deemed necessary and/or relevant to our children's program.

\_\_\_\_ I hereby understand and agree to Newbridge Academy's Refund Policy that any person looking to withdraw from any program offered by Newbridge Academy will receive a full refund if withdrawing before 30 days prior to the start date or with medical documentation. Any withdraw within 30 days of the start date without medical documentation will result in a credit and can be used toward other programs offered by Newbridge Academy.

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

Completed registration forms, questions and payments can be emailed or delivered to:

**Select your payment type:**

DEBIT    CASH    CHEQUE(s)    CREDIT    EMT

VISA/MC #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_

Graham Chandler  
902-398-2727  
[graham.chandler@newbridgeacademy.ca](mailto:graham.chandler@newbridgeacademy.ca)  
Newbridge Academy Administration Office at  
361 John Savage Ave, Dartmouth NS, B3B 0J3