



Receipt Number: _____

Welcome to Halifax City Soccer Club 2018 / 2019 Winter Registration

YOUTH REGISTRATION FORM

Player Name (New and Returning Players)

Player Address (New Players and Changes only)

City

Postal Code

Phone Number

Gender

Birth Date MM/DD/YYYY

Parent/Guardian Name

Cell or Parent Phone

Primary Email Address

Alternate Email Address

Fees are due at the time of registration. In order for players to be placed in programs or assigned to teams, fees must be paid or payment arrangements must be made at the office. Outstanding payments must be received prior to current season payments being applied.

Playing jerseys will not be issued until fees have been paid or arrangements have been made with the office.

Payments will be accepted in the form of cash, cheque, credit card, and debit card at the office. Cheques may be mailed to the office at **7071 Bayers Road, Suite 329, Halifax, NS, B3L 2C2**. Credit card payment can be accepted over the phone at **902.453.0741**.

We are also accepting **e-transfers**. Please use the email address meggie@halifaxcitysoccer.ca, and be certain to include the player name in the 'message' line. The security question is: what sport are you registering for?' and the answer is 'soccer'.

Registration forms may be filled in, signed, and either mailed, dropped off, or scanned and emailed to meggie@halifaxcitysoccer.ca.

Each player will require a registration form as well as payment sent in to the office 24 hours prior to player placement sessions.

Any questions may be addressed to the club General Manager at meggie@halifaxcitysoccer.ca

REFUND POLICY:

-All refund requests must be made in writing to the General Manager at meggie@halifaxcitysoccer.ca.

-Refunds will be issued in full to any player prior to season start, less a \$25 administrative fee

-Refunds can be issued at 50% once player has played or trained, prior to November 30th

-No refunds after November 30th unless for medical reasons, for which there will be a partial refund determined by the length of time the player played with the team

-For full policy please see the club website www.halifaxcitysoccer.ns.ca.

ASSUMPTION OF RISK AND AGREEMENT TO ABIDE BY SNS AND CLUB BYLAWS, POLICIES, AND PROCEDURES

I have read and accept the refund policy : _____

PARENT/GUARDIAN SIGNATURE

DATE

Birth Year	Program	Player Fee	Check Program	Birth Year	Program	Player Fee	Check Program
2015	U4 Grassroots	\$125		2008/2007	U12C Grassroots	\$295	
2014/2013	U6 Grassroots	\$195		2006	U13AA Performance	\$625	
2011/2012	U8 Skills Centre	\$425		2006	U13A Performance	\$495	
2011/2012	U8 Grassroots	\$295		2006	U13B Grassroots	\$395	
2010	U9 Skills Center	\$495		2004/2005	U15AAA Performance	\$625	
2009	U10 Skills Center	\$495		2004/2005	U15AA Performance	\$625	
2010/2009	U10 Recreational	\$275		2004/2005	U15A Performance	\$495	
2008	U11 Skills Center	\$495		2004/2005	U15B Grassroots	\$395	
2007	U12 SNS Prospects	\$625		2002/2003	U17AAA Performance	\$625	
2008/2007	U12 Skills Center	\$495		2002/2003	U17A Performance	\$495	
2001-1998	U21	\$350		2002/2003	U17B Grassroots	\$395	

For office use only:

Date: _____ Payment Method: _____ Amount: _____

CC#:	EXP:
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PARENT/GUARDIAN SIGNATURE

DATE