



COLLINGWOOD OPTIMIST YOUTH SOCCER HOUSELEAGUE - 2007 REGISTRATION FORM

PLEASE READ 'PARENTAL NEWSLETTER' BEFORE FILLING OUT FORM!

Players Name: _____ Male ____ Female ____

Street Address: _____ Postal Code: _____

Mother/Guardian: _____ Father/Guardian: _____
 Phone Number: _____ Alternate #: _____ "EMAIL": _____

Birth Date: Day _____ Month _____ Year _____
 Skill Level (circle one) beginner developing average strong Very strong

Indicate times within the soccer season players will not be available, for extended periods of time, for practices and/or games because of Holidays:

Medical Problems/Allergies:

CIRCLE THE DIVISION APPLICABLE TO YOUR CHILD BELOW – (Age of player as of January 1st, 2007 is used to determine division) Note: Under-4 and all 'New' players must provide proof of age.

Birth Year	2003	2002	2001	2000	1999	1998	1997	1996	1995	1994	1993	1992	1991,1990 & 1989
House League Division	Under 4	Under 5	Under 6	Under 7	Under 8	Under 9	Under 10	Under 11	Under 12	Under 13	Under 14	Under 15	Under 18 <small>(this is the same age bracket as in '06)</small>

RETURN THIS REGISTRATION FORM BY MARCH 16, 2007 – FOR OFFICE HOURS, MAP TO OFFICE AND PAYMENT OPTIONS – PLEASE READ 'PARENTAL NEWSLETTER'
 Payment must accompany this form. Make cheques payable to Collingwood Optimist Youth Soccer. Forms received after March 16th must include a **\$25.00 late fee per child**. Placement of players registered after March 16th is not guaranteed.
NSF CHEQUES WILL BE CHARGED \$20.00

NON RESIDENT USER FEE – The Town of Collingwood has instituted a Non Resident User Fee for all people participating in sports in Collingwood but not paying taxes in Collingwood. It is \$20 per year per family. Keep your card as your number will be required for all registered sports in Collingwood for 2007 forward. Please get your card from the Municipal Town Office PRIOR to submitting your soccer registration.

REFUND POLICY – PLEASE SEE PARENTAL NEWSLETTER

WAIVER – I agree not to hold the Optimist Club or the Collingwood Optimist Soccer League responsible for, or make any claims against them for any damages, loss or injury sustained by my child participant or myself in consequence of our participation in or presence at any programs, games or related activities of the league. I grant the Collingwood Optimist Youth Soccer league permission to publish my child's name/photo in the various methods of media that the Club uses. **Further**, I hereby agree that I/My child will abide by the published rules of the COYSL, Huronia District Soccer Assoc. and the Ontario Soccer Association.

Date: / / 2007 Signature of Parent/Guardian: _____

I WOULD LOVE TO HELP WITH: Coach __ Asst. Coach __ Referee __ Canteen __ Fundraising __ Tournament __ Sponsor __ Rep Tnmt __

ADVERTISE WITH US : Business card ad in Player Booklet - \$25.00 (please provide 2 business cards) Yes __ No __

FOR ADDITIONAL INFORMATION ON COACHING AND VOLUNTEERING PLEASE SEE PARENTAL NEWSLETTER!

OFFICE USE ONLY

HOUSE LEAGUE FEE \$90.00 []	Fee includes COYSL soccer ball with logo	LATE FEE \$25.00 []	Non Resident User Fee [] If necessary	ADVERTISING FEE \$25.00 []
DATE:	CHEQUE	CASH-	RECEIVED BY:	

***IT IS OUR 'HOPE' THAT ALL PLAYERS WILL WANT TO HELP BUILD FOR THE FUTURE BY SELLING JUST ONE BOOK OF TICKETS (10 TICKETS@\$2.00EACH) FOR THE 2007 FUNDRAISING DRAW – TICKETS WILL BE ISSUED IN MAY.*