



PACIFIC EAGLES ATHLETICS SOCIETY

Application Form

Please Print Clearly

Registering for Soccer: ___ Played with Pacific Eagles Before: ___ Yes; ___ No; Last Year's Coach: _____;

Players First Name _____; Last Name _____;

Birth date _____; (DD/MM/YYYY); Gender _____ Male _____ Female

Address: _____; City _____; Postal Code: _____

Home Phone # _____; Cell Phone # _____

Email Address: _____; Care Card No.: 9 _____

Dad's Name _____; Mom's Name: _____

Doctor's Name _____; Doctor's Phone _____

Emergency Contact: _____; Phone _____; Relation _____

**PROOF OF AGE & MOST RECENT PHOTO OF THE PLAYER MUST BE SUBMITTED WITH THE FORM.
Legal Notice**

**** All participants must comply with Code of Conduct as shown on Pacific Eagles Athletics Society, and relevant organizations (e.g. BC Soccer) Web Sites ****

I, (Please Print) _____, being the parent/legal guardian of the above named player hereby approve his/her participation in activities of the Pacific Eagles Athletics Society and I hereby agree to abide by all the rules, constitution and Bye-Laws of the Society. I hereby release and agree to save harmless and indemnify the Society, the individual members of the Executive Committee of the Society, coaches, managers, referees, participating parents and any others involved with the Pacific Eagles Athletics Society from any and all claims, demands and suits that may arise in any manner from any personal injury or damage to the property of the above named player participating in the Pacific Eagles Athletics Society activities whether or not such claims arise from the actions or conduct of the executive, coaches, referees, managers, assisting or participating parents and others involved in the activities.

My child would like to register for Eagles Soccer Academy: _____ Yes _____ No

Registration Fee: \$150.00 before April 15, 2010 - \$175.00 after April 15, 2010

Academy Fee: \$100 Cheque Payable to "PACIFIC EAGLES ATHLETICS SOCIETY"

Note If registering for the soccer season and academy (training by professional coach), please make one cheque for \$250 / \$275.00

Signature _____ Relationship: _____ Date: _____

Business No.: S-0048825

OFFICIAL RECEIPT

Received with thanks from: _____

Address: _____

Amount: _____ \$ _____ Cheque # _____ Date: _____

Towards Club Fee Academy Fee

Authorized Signature _____

NO REFUNDS FOR ANY REASON

WHITE: PLAYER'S COPY (OFFICIAL RECEIPT) YELLOW: SOCIETY'S COPY, PINK: COACH'S COPY

Email: info@pacific eagles.com Website: www.pacific eagles.com