FISHER PARK COMMUNITY RECREATION COUNCIL

SPRING SOCCER 2019 REGISTRATION

Like us on

X Select	Age	Day	Dates	Time
	Junior Kindergarten	Monday	May 6-June 24	6-7 p.m.
	Senior Kindergarten/Grade 1	Tuesday	May 7-June 25	6-7 p.m.
	Grade 2/3	Wednesday	May 8-June 26	6-7 p.m.
	Grade 4/5	Monday	May 6-June 24	7-8 p.m.
	Parent and/or Youth 11-14yrs	Tuesday	May 7-June 25	7-8 p.m.
	Saturday SK/Grade 1	Saturday	May 11-June 29	9:30-10:30 a.m.
	Saturday Grade 2/3/4	Saturday	May 11-June 29	10:30-11:30 a.m.

$80/per child $130/2 children $160/3 children *Payment by CASH or CHEQUE ONLY*

$130.00 Parent and youth soccer

Child's Name:_____ Age:_____ Male or Female

Home Phone: ( )_____ Cell Phone: ( )_____

Address:_____ Postal Code: _____

Parent/Guardian Names:_____

Email (print clearly):_____

( ) I agree to receive e-mail updates and programming information from Fisher Park Community Centre and the Fisher Park Recreation Council

Health or Special Needs:_____

Emergency Contact:_____ Phone:( )_____

I Want To Help! Coach a Team Assistant Coach Team Volunteer

Circle one!

Name:……..email:……phone:…….

I do hereby waive any claims against the City of Ottawa and the Fisher Park Community Recreation Council in the event of any injury or accident that may be sustained while attending or taking part in this program. *Children must be supervised at all times.*

Parents (or a designated person) are responsible for supervising their child/children during the Soccer Program.

Date_____Signature_____

If it is possible to do so, we will attempt to accommodate any special requests. Please indicate in this space if your child

-wants to be on a certain team_____

-wants play on the same team with a friend (2 names maximum)_____

☐ Would you consider joining the Fisher Park Community Recreation Council

*** Please complete information below***

Receipt # _____ Amount $_____

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Fisher Park Community Recreation Council Receipt

250 Holland Ave. Ottawa, ON. K1Y 0Y5

Fisher Park Spring Soccer 2019

May 6 to June 24 – 8 Weeks

Fees Paid: $..... **Date :**.....

Child's Name .....

Staff Signature: ..... **Receipt #:**.....