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Millet Soccer Association Registration - Player

Last Name: _____ First Name: _____ Male ☐ Female ☐

Date of Birth: (day/month/year) _____ (age group) U _____

Player's AHC # _____

Parents/Guardians: _____

E-mail: _____ (I agree to receive emails from coaches and Millet Soccer Association: Initial _____)

Uniform Required: U8 –U18 Only: Size: _____ Current Number (if Jersey was from last season): _____

Price: \$ _____ U4 – U6 Uniforms (starter kits): ☐ No ☐ Yes Size: _____

Mailing Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Emergency Contact: _____ Phone: _____

Health Concerns/Special Needs (brief details of allergies, medical/behavioral conditions that the coach should know about)

Wanting to attend Timbits Tournament: **U4** ☐ No ☐ Yes **U6** ☐ No ☐ Yes

Tasks that I would like to fill:

FIRST CHOICE _____ SECOND _____ THIRD _____

ANY SPECIAL CONSIDERATIONS? WHY? _____

NOTE: MILLET SOCCER ASSOCIATION (MSA) will make every effort to accommodate your request, however, this may not always be possible. You will be contacted by the Parent Liaison Committee with which Parent Task MSA requires you to complete when the seasons registration is complete.

I/We agree to participate in a minimum of 4 hours per child to the benefit of Millet Soccer. Upon completion of the parent task, the deposit cheque will be available for pick up at the AGM. I/We understand that not completing parent task by JULY 1 (with no other arrangements made) will result in my/our cheque being cashed.

Date: _____

Parent Signature: _____

Board Member Signature: _____



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Parent Agreement/Promise/Guarantee

Parent involvement is necessary for a successful season. **Only** with the dedication and involvement of **all** parents are we able to make this soccer season a success for your children. Without your help, we will deteriorate! In the past, we have run into issues with parental involvement, and this is our way to let YOU know how important YOU are. We truly need your time; not your money.

Please initial each statement to show that you have read and understand each of the responsibilities of a Millet Soccer Parent. Please ask any questions before you initial.

- I acknowledge that my time is required to make this season a success. _____
- I agree to participate in a Parent Task during the Millet Soccer season. **If I do not fulfill my time, I forfeit my \$200.00 Parent Task deposit cheque.** _____
- I understand my time commitment will be considered **unfulfilled** if I leave before adjournment, fail to show, or arrive late. _____
- I understand that I am responsible for finding a replacement to fulfill the task that I have been assigned if I am unable to attend at that time. _____
- I understand that I am responsible for the safety and behavior of my children. _____
- I give permission to Millet Soccer Association (MSA) to use any photographs taken of my child during the soccer season for use in the media, on their Facebook page, and also for their website. _____
- I have read all and understand the requirements asked of me. _____

REMINDER: REGISTRATION WILL NOT BE VALID UNTIL PAYMENT IS MADE IN FULL

OFFICE USE ONLY

Method of Registration Payment ☐ Cash ☐ Cheque # _____

Registration Amount Paid \$ _____

Parent Task Deposit \$ _____ Cheque # _____

Uniform Paid \$ _____ ☐ Cash ☐ Cheque # _____

Initialed _____

Board Member Printed Name: _____ **Signature:** _____