WEXFORD SOCCER CLUB

2011/2012 INDOOR SOCCER APPLICATION

SEASON COMMENCES SUNDAY NOVEMBER 06, 2011

PLAYING LOCATIONS AND CO-ED AGE GROUPS

Major League Sportsplex
641 Danforth Rd. (St. Clair/Danforth Rd)
U 14 - 1998 & 1999 U 16 - 1996 & 1997
U 18 – 1994 & 1995

Toronto City Sports Centre
32 Curity Avenue (O'Connor/St. Clair)
U 08 - 2004 & 2005 U 10 - 2002 & 2003
U 12 - 2000 & 2001

Scar. Soccer Centre
45 Fairfax Cres (Warden Ave/St.Clair)
U 06 – 2006 & 2007
WOMEN - OPEN

SELECT A PROGRAM & FEES

☐ INDOOR HOUSE LEAGUE - U14, U16, U18 & WOMEN- $150 ☐ INDOOR HOUSE LEAGUE - U 06 TO U12 - $ 135

PLEASE PRINT

PLAYERS NAME _____ **DATE OF BIRTH** _____/_____/_____
FIRST LAST D / M / Y

ADDRESS _____ **APT #**_____ **M / F** _____

CITY _____ **POSTAL CODE** _____

PHONE # ( ) _____ **PREVIOUS CLUB OR TEAM** _____

PARENTS EMAIL ADDRESS: _____

The undersigned approves of the player's participation in soccer and agrees that the undersigned will abide by the rules and regulations of the Wexford Soccer Club. Any contract resulting from acceptance of this application may be revoked without notice at the discretion of the Directors in consideration of the player being accepted to play with the Wexford Soccer Club. The undersigned hereby release the said club and officials of the said club from all claims or causes of action which at any time hereafter may arise whether due to injuries, illness or death to person, or loss of property or otherwise howsoever which may be sustained by the said player, and the undersigned parent or guardian agrees at all times to indemnify and save harmless the said club and its officials from all such claims or causes of action which may be brought by or on behalf of the said players.
It is the sole responsibility, at the discretion of the Wexford Soccer Club, as may be required, to review and appoint coaches and to balance teams on an ongoing basis. The undersigned hereby acknowledges that the terms above have been read and agrees with and will abide by the said terms.

PARENT/GUARDIAN/(WOMEN'S) SIGNATURE:_____**DATE** _____**,2011**

CREDIT CARD PAYMENT AUTHORIZATION:

NAME: _____ AMOUNT: $ _____

MASTER CARD # _____ EXPIRY DATE: _____/_____

VISA # _____ EXPIRY DATE: _____/_____

SIGNATURE: _____

I would like to volunteer my services as: ☐ SPONSOR ☐ COACH ☐ GYM DIRECTOR ☐ EXECUTIVE

✂ ----------✂----------✂----------✂----------✂----------✂----------✂----------✂

Please retain for your records.

Fees: Indoor House League: U 6 to U 12 - $ 135 **U 14 to U 18 & Women's - $ 150**

Payable by: cash, cheque or major credit card

The Registrar will accept applications that are signed and fully paid in order of receipt until all vacancies are filled in each age group.

Mail application, together with **Proof of Birth** , **registration fee** made **payable to:WEXFORD SOCCER CLUB**

Mail to: Wexford Soccer Club. 110 Town Haven Place Unit # 70, Scarborough, Ontario. M1K 5G6

PHONE # 416-265-7699 E-MAIL: wexfordsoccer@rogers.com WEB SITE: www.wexfordsoccer.ca

Partial Refunds until October 29th, 2011. **No refunds will be issued after October 30th, 2011.**

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A player missing more than three games during the playing season without a reasonable excuse may be replaced at the Club's discretion..