



2019 SNA Futsal Soccer Program Registration Form

Please return to: Magnus Eliason Recreation Centre (MERC) – 430 Langside Street

Ezequiel Lubocki - 204.988.7635 – sport@spenceneighbourhood.org

Boys Soccer – Tuesdays 5:30-7pm @ RecPlex (U of W, 350 Spence St) – May 14th - Aug 20th

Girls Soccer – Thursdays 5:30-7pm @ RecPlex (U of W, 350 Spence St) – May 16th - Aug 22nd

Name: _____

Age: _____ Birthday: _____ First _____ Last _____
Month / Day / Year Phone Number: _____
Circle one: cell /home/work

Gender: Male/ Female/ Other Were you born in Canada? Yes / No

Permanent Resident #: _____ Do you identify as Indigenous? Yes/No

Address: _____
House/Apartment # Street Postal Code

School: _____ Grade (currently): _____

Has the applicant participated in the Futsal Program before? Yes / No

Shirt size _____ Short size _____ Shoe size _____ *specify if it is: girls or womens or boys or mens size

Example: Shirt size: medium mens short size: medium mens shoe size: 7 mens

Name(s) of Parents/Guardians: _____ and _____

Email address (if available): _____

Emergency Contact: Name _____ Relation to Participant: _____ and

Phone Number: _____

Please List Allergies or Medical Conditions: _____

Does this allergy or medical condition require an epipen, inhaler or other medication? _____

* If your child requires medication, please ensure your child attends every training with the listed medication

TRANSPORTATION NEEDS

(Read all options below and check one ; **Only able to provide transportation within following catchment:** Notre Dame Ave. to the North; Colony St./Balmoral St. to the East; Portage Ave. to the South; and Strathcona St. to the West):

- Ride TO & FROM program Ride TO program ONLY Ride FROM program ONLY
 My child can walk TO & FROM My child does not need a ride to program

Can we send you **text messages** about transportation/ practice times, etc? Yes/ No

By checking this box, I give my child permission to take part in Spence Neighbourhood Association’s Building Belonging Program. By doing so, if my child is a registered participants in the Futsal program, my child will have access to and be supervised at the Magnus Eliason Recreation Centre at 430 Langside between the hours of 3:30-5:30 PM. My child will then be escorted by a staff member to the University of Winnipeg for training

Release

I _____ give permission for my son/daughter _____ to participate in the Spence Neighbourhood Futsal Soccer Program. This includes weekday practices and games, plus special events. In signing, I understand that SNA will not be held responsible for any incidents or injuries that may occur in the course of or in transportation to and from soccer games, practices and special events. Should any accidents occur, appropriate action will be taken and parents will be contacted immediately.

I give permission to allow photos taken of my child during program to be published in print or online as promotion for Spence Neighbourhood Association and the University of Winnipeg.

Date: _____ Parent/Guardian’s Signature _____