



WOODBRIDGE SOCCER CLUB
 Club Office: 7401 Martin Grove Rd., Woodbridge, On
 Mailing Address: 5289 Hwy #7, Unit#7, Box 56571,
 Woodbridge, Ontario, L4L 8V3
 Tel: (905) 851-4496 Fax: (905) 851-6761 Toll Free: 1-877-336-2155
 email: WSTRIKERS@bellnet.ca website: wscstrikers.com



“Woodbridge Scuola Calcio Academy”
The Academy of Soccer Excellence
Skill Development Winter Program
REGISTRATION FORM 2009-2010

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LAST NAME	FIRST NAME	INITIAL

ADDRESS	Apt #

CITY	POSTAL CODE	PROVINCE	DATE OF BIRTH	GENDER
			Y Y M M D D	M F

EMAIL ADDRESS	CONTACT NAME

HOME PHONE	BUSINESS PHONE	CELL PHONE

REP. PLAYERS PROGRAM
ONTARIO SOCCER CENTRE
 TUESDAY PACKAGE - 25 Sessions 25 Weeks = 37.5 Hours
See schedule attached. Commences October 20, 2009
 THURSDAY PACKAGE - 25 Sessions 25 Weeks = 37.5 Hours
See schedule attached. Commences October 22, 2009
AC MILAN SPORTS CENTRE (2 Balda Court off of City View Blvd. - Hwy. 400 & Teston Rd.)
 SUNDAY PACKAGE - 22 Sessions 22 Weeks = 33 Hours
See schedule attached. Commences October 18, 2009

ONE DAY PACKAGE \$ 350.00 **TWO DAY PACKAGE \$ 600.00**

Rep. Team Coach: _____ Age Group: _____ Player Level: _____

GOALIE REP. PROGRAM

SELECT DAY: TUESDAY	<input type="checkbox"/>	ONE DAY PACKAGE \$ 350.00	<input type="checkbox"/>
THURSDAY	<input type="checkbox"/>	TWO DAY PACKAGE \$ 600.00	<input type="checkbox"/>
SUNDAY	<input type="checkbox"/>		

Rep. Team Coach: _____ Age Group: _____ Player Level: _____

CONDITIONS OF REGISTRATION

In consideration of the acceptance of my or my child/ward's participation in this program, the Woodbridge Soccer Club/Woodbridge Scuola Calcio Academy and their respective leagues or programs, the participant and parent/guardian (if participant is under 18 years of age), agree as follows:

- I accept sole responsibility for my or my child/ward's personal possessions and athletic equipment. I accept all liability for any damage to the playing equipment caused by my child/ward's careless, negligent and/or improper handling or by me.
- I agree that the club or any of its officials will not be held responsible for any injury or accident to the participant during or caused by my involvement in the program.

I acknowledge that I have read this registration agreement in its entirety and that I have executed this registration agreement voluntarily.

Signature of Parent/Guardian (If under 18) or of Participant (If aged 18 and over) _____ Date _____

REGISTRAR SIGNATURE: _____ Date _____

Paid: Cheque _____ Visa _____ MC _____ Debit _____

All requests for Refunds must be made in writing and shall be subject to a \$50.00 handling charge. No refunds will be issued after Dec. 1, 2009. Refund cheques shall be processed and issued within four to six weeks. All cheques returned NSF (non sufficient funds) must be replaced by certified cheque or money order and shall be subject to a \$30.00 surcharge