



**BTB SOCCER ACADEMY**  
**Elite Training**

**2019 OUTDOOR**  
**REGISTRATION FORM**

Please email form to:  
 btbsocceracademy@live.com



**IMPORTANT**

**Registration Instructions:**

This form must be filled out completely and legibly with all signatures to participate with a BTB soccer academy program. **A copy of player's health card is required at time of registration.** This form is required for player participation in any BTB Soccer academy program. **This form must be available at all training and competitions for insurance purposes.** No formal contract or written commitment may be signed by or on behalf of the player to commit a player to an academy program. Soccer Academy play is in addition to recreational play. Players may join any soccer Academy or team of their choosing. Soccer Academy teams are not considered "registered teams," and therefore do not have to follow recreational team formation rules.

**Academy Program Selection**  
 (select all that apply)

- U5       U7   
 U10       U11   
 U13       U15   
 U17   
 Individual Training Package   
 Ultimate Summer Package   
 Summer Fitness Package

**Shirt Size**

YS\_\_\_ YM\_\_\_ YL\_\_\_ YXL\_\_\_  
 AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_

**Tracksuit Size**

YS\_\_\_ YM\_\_\_ YL\_\_\_ YXL\_\_\_  
 AS\_\_\_ AM\_\_\_ AL\_\_\_ AXL\_\_\_

**Payment Options**

- Cheque \_\_\_\_\_  
 Cash \_\_\_\_\_  
 E-Transfer \_\_\_\_\_  
 Payment Plan Req. \_\_\_\_  
 Financial Assistance Req. \_\_\_\_  
 Note: \$150 deposit required upon registration.

**Fees:**

- U5, U7 - \$225 +GST  
 U10, U11 - \$425 +GST  
 U13, U15 - \$495 +GST  
 U17 Invite Only – TBD  
 Individual Training Package - \$295 +GST  
 Summer Fitness Package - \$250 +GST  
 Ultimate Summer Package - \$1495 +GST

**Player Information**

<b>Name:</b>	<b>Phone:</b>	<b>e-mail:</b>
<b>DOB:</b>	<b>Current Team:</b>	<b>Tier/Level:</b>
<b>Street Address:</b>		<b>Apt #:</b>
<b>City:</b>	<b>Postal Code:</b>	

<b>Parents Information</b>		
<b>Name:</b>	<b>Phone:</b>	<b>e-mail:</b>
<b>Name:</b>	<b>Phone:</b>	<b>e-mail:</b>
<b>Emergency Contact Information</b>		
<b>Name:</b>	<b>Phone:</b>	<b>e-mail:</b>
<b>IMPORTANT</b>		
<p>I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of BTB Soccer Academy. Recognizing the possibility of physical injury associated with soccer and in consideration for the academy accepting the registrant for its soccer programs and activities. I further grant the BTB Soccer Academy has the right to use the player's name, pictures and /or likeness in printed, broadcast and other material concerning the program provided such use is related to the player's status as a participant in the program.</p>		
<p>Name: _____  Parent/Legal Guardian (please print)</p>		
<p>Signature: X _____</p>		<p>Date: _____</p>
<b>CONSENT FOR MEDICAL TREATMENT (MINOR)</b>		
<p>As the parent or legal guardian of the above-named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are Necessary to preserve the life, limb or well being of my dependent.</p>		
<p>Signature of Parent or Guardian X _____</p>		
<p>Medical Conditions/Allergies: Yes: _____ No: _____</p>		
<p>If yes, please explain</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		