

THUNDER BAY INTER LUCANIA SOCCER CLUB



MAILING ADDRESS:

318 Piccadilly Ave.
Thunder Bay, ON
P7B 5C5
www.interlucania.ca



REGISTRATION

Registration can be submitted:

1. Online₁
2. At a Walk-in Registration date
3. By Mail

₁ If you choose to register online, **payment can be mailed the same day** to the mailing address above; at one of **our walk-in registration dates**; OR by E-transfer to: interlucania@gmail.com

***Teams are put together as soon as payment is received (delayed or late payment may mean your child cannot play on the same team as friends). Late registered players will be placed on the team with the lowest number. We reserve the right to move players to a higher or lower division if necessary.

Once again, **TIM HORTON'S** has graciously committed to sponsor Inter Lucania for another season!

OUR EXECUTIVE TEAM

Please feel free to address any questions or concerns you may have to us. We are here to help!

Vince Fragale (President)

Peter Dumoulin (Vice President)

Vince Talarico

Peter Pullia

Massimo Fortino

Brandon Dumoulin

Lucas O'Brien

Katherine Stewart

GENERAL INFORMATION

* All games are played on Mondays & Wednesdays.

* **Divisions 1, 2 & 3 play at 5:30 — Divisions 4 plays at 6:30**

* Our season will run from **Monday, May 6th** (weather permitting) to **Wednesday, June 26th**, 2024.

* Shin guards must be worn by every player; anyone not complying will not be permitted to play.

* **No cleats allowed in Division 1; rubber cleats can be worn in Divisions 2, 3 & 4 (NO STEEL CLEATS)**

* The main objectives of the program are to teach basic soccer fundamentals & for children to just have **FUN!** We do not keep stats.

* **[Volunteer COACHES AND ASSISTANT COACHES](#)**
(and other positions) needed!

(FLIP OVER for Registration Form)

Thunder Bay Inter Lucania Soccer Club Registration Form

PLAYER INFORMATION (ONE FORM PER CHILD) (PLEASE PRINT CLEARLY)

Name: _____

Gender: **MALE** or **FEMALE** (Please Circle)

Birth Date: Day () Month () Year ()

Address: _____ Postal Code: _____

Phone Number(s): _____ OR _____

Email Address: _____

OFFICE USE ONLY
Cash or Cheque # _____
Division # _____

VOLUNTEERS (If you are willing to volunteer with us, please provide your information here)

Volunteer Positions (Please Circle): Coach / Referee / Linesman / BBQ

Name (Please Print Clearly): _____ Phone Number: _____

CONSENT AGREEMENT

I do hereby release and hold harmless the City of Thunder Bay, Thunder Bay Inter Lucania Soccer Club and the Lakehead District Catholic School Board, including all employees and volunteers working and/or volunteering on behalf of the city of Thunder Bay, Thunder Bay Inter Lucania Soccer Club, its Board of Directors and sponsors for liability of injury and/or illness that may occur as a result of my participation and/or of any minor whom I am parent or guardian to.

I do hereby give my consent for **(Child's Name)** _____ **(Please Print)** to participate in the mini soccer program offered and operated by the Thunder Bay Inter Lucania Soccer Club either outside of or on the premises of Carrick Recreation Centre and/or the Lakehead District Catholic School Board.

Parent Name (Please Print Clearly): _____

Signature: _____ Date: _____

REGISTRATION INFORMATION

Fee: \$50.00/child

Payment Methods:

- Cash
- Cheque
 - Payable to "Thunder Bay Inter Lucania Soccer Club"
- E-transfer
 - interlucania@gmail.com

*Please include Child/ren's name in the notes field of the e-transfer and on the cheque.

Walk-in Registration

Carrick Centre located at 80 Marlborough Street (next to Corpus Christi School).

Walk in Registration Dates 2024
March 231:00-3pm
March 27.....6:00-8pm
April 6.....1:00-3pm
April 10.....6:00-8pm
Or register at: www.interlucania.ca

