CAW222 Shiftworkers' Recreational Soccer
Durham Indoor Soccer Centre
Fall Registration Form

First Name _____ **Last Name** _____ **Phone No.** _____

Address _____ **City** _____ **Postal Code** _____

E-mail address _____

Birth Date : _____ /_____ /_____ **Gender : M / F** **Fee: $100 +GST = $107**
D M Y

Emergency Contact : _____ **Phone :** _____

SIGNING UP FOR (Circle) Ladies' Open (Tue) Ladies' O-35 (Fri)

Men's Open (Mon) Men's Over 35s (Thu)

Playing Days

Week:	1	2	3	4	5	6	7	8	9	10
Week Starting	14-Nov	21-Nov	28-Nov	5-Dec	12-Dec	19-Dec	9-Jan	16-Jan	23-Jan	30-Jan
Noon - 1.30pm										
3pm - 4.30pm										

Place a X in the box for the time you would like to play each week - 1 X per week

Example for player wanting to play alternate 2 weeks mornings and 2 weeks afternoon in Winter

Week:	1	2	3	4	5	6	7	8	9	10
Week Starting	14-Nov	21-Nov	28-Nov	5-Dec	12-Dec	19-Dec	9-Jan	16-Jan	23-Jan	30-Jan
Noon - 1.30pm	X	X			X	X			X	X
3pm - 4.30pm			X	X			X	X		

Place a X in the box for the time you would like to play each week - 1 X per week

WAIVER : There is a potential risk attached to any sport. I agree that Durham Indoor Soccer Centre Ltd. ("the Centre") and its executive, employees, authorized agents, referees, coaches and volunteers will not be held responsible for any loss or damages, injury or accident, however caused, and to release them from all claims which may arise as a result of any use of the Centre , including, but not limited to, practices, games, tournaments, travel to and from locations. I agree that the Centre or any authorized representative acting on its behalf may seek emergency medical assistance for me or my child if deemed necessary. The Centre has established rules for participation and proper conduct on or about the playing field. I agree to abide by the published rules of the Ontario Soccer Association, the Durham Region Soccer Association and the Centre. I understand that DISC uses electronic video technology to record games for security and resolution of disciplinary matters and grant permission to DISC to make and hold such recordings.

_____ _____
Signature of Player Date

TOTAL PAID : $_____ **CASH / CHEQUE (Payable To DISC)**

OFFICE USE : Cheque No :_____ **Deposit Date:** _____

Mail To Durham Indoor Soccer Ltd, c/o 7 White Cliffe Ct Courtice ON L1E 1T1
E-mail: DISC@rogers.com **Tel 905 436 6921** **Web: www.durhamindoorsoccer.com**