

ELTON COMMUNITY CENTER – Springs Sports Registration 2016

Child / Participants Full Name	Date of Birth (MM/DD/YR)	Current Age	M F	Sex
Mother's / Guardian's Name	Father's / Guardian's Name			
Contact Number	Email	Contact Number	Email	
Address				
School	NAME OF PAYOR FOR ISSUING TAX RECEIPT			

PROGRAM DETAILS	
AGE GROUP (select one):	Program (select choices):
4 – 5 year old _____	SOCCER AND BASEBALL _____
6 – 8 year old _____	BASEBALL ONLY _____
9 – 10 year old _____	SOCCER ONLY _____
Please note fee is \$50.00 whether participants are registered in one or both programs. *Each child is to have their own soccer ball, baseball glove and baseball*	

As our Community Center Board and all programs are run by volunteers, **parent involvement is required for all participants in our Springs Sports Program.** Please check off where you are able to provide additional support and we will contact you with further details once registration has been completed.

COACH (BOTH): _____ SOCCER ONLY : _____ BASEBALL ONLY : _____

Each team requires two primary coaches and it is their responsibility to work directly together for ensuring at least one of them is present during each participation session. Parent support outside of coaching is required and each night, parents will be asked by the primary coaches to provide help where needed.

Please note - In order to accept all registrants, volunteer coaches are required! If we do not have enough volunteers, program enrollment may then be capped and only local members shall be accepted.

The undersigned hereby gives consent to ECC for their child's picture to be taken and used for promotion of ECC programs via our website and electronic communication channels.

Parent's/Guardian's Signature Date

OFFICE USE ONLY –
Payment Type : Cheque _____ Cheque # _____ Cash _____

Receipt Issued _____ ECC Board Member Verification: _____