



COMMUNITY SCHOOLS PARTNERSHIP

All-Star Soccer!

Registration and Medical Disclosure Form

CSP is presenting Saturday Morning Soccer for all Delta School District Students from **age 7 to 11**. The program will teach kids basic soccer skills that will also help promote a healthy and active lifestyle! Kids will be taught by our trained staff who will provide coaching methods and exciting drills.

LOCATION: Wade Road Park – Field Space
64b Avenue and Wade Road

Date/Time: Every Saturday starting June 3rd to July 1st, 2017
9:00am – 11:00am

PROGRAMS COST: \$30.00 per child
LAST DAY TO REGISTER: Friday JUNE 2nd, 2017

****Note:** *Make sure your kids are wearing comfortable shoes, gym wear, and has a water bottle and a snack.*

Method of payment:

Please make payment by CHEQUE to DELTA SCHOOL DISTRICT. Thank You.

For more information please contact Nisha Ram
by phone at 778-990-5539 or via email at cspdelta@gmail.com

~~Please detach this page for your reference. ~~



**COMMUNITY SCHOOLS PARTNERSHIP
REGISTRATION AND MEDICAL DISCLOSURE FORM**

All-Star Soccer!

Please Complete this form, and attach payment.

Student Information

Name:	Grade:	Age:	Sex:
Primary Address:			
City:	Province:	Postal Code:	
Secondary Address: <i>(Optional)</i>			
City:	Province:	Postal Code:	

Parent / Guardian Information

Parent/Guardian's Name:	Parent/Guardian's Name:
E-mail Address:	Secondary E-mail Address:
Home Number:	Cell Number:
Address:	
City:	Province: Postal Code:

Medical Information

B.C. MSP Health Number:	Date of last Tetnus Shot:	
Allergies: <i>(i.e. foods, insect stings, hay fever)</i>		
Reactions to allergies:		
Carries Epi Pen: <input type="checkbox"/> Yes <input type="checkbox"/> No	Inhaler: <input type="checkbox"/> Yes <input type="checkbox"/> No	Medical Alert Bracelet: <input type="checkbox"/> Yes <input type="checkbox"/> No
Medical/Physical conditions that may affect participation is the stated program/activity:		
Prescribed medication(s) taken at this time(name, reason, dosage, storage, potential side effects/treatments of such):		
Additional Comments: <i>(i.e. request for program modification or activities your child cannot participate in)</i>		

Emergency Contact Information (Other than Parent/Guardian)

Emergency Contact Name:	Relationship:
Home Phone:	Cell Phone:
Emergency Contact Name:	Relationship:
Name of Physician	Phone Number:

Additional Information

How will your child be getting home? Walking Pick up (who will be picking up your child?) _____
 I consent to have my child's picture used in any social media, or advertisement projects conducted by the Community Schools Partnership for any of their programs. Yes No



Acknowledgement of Consent and Risk

Parent/ Guardian who is filling this form: I _____ (Parent/Guardian name printed) hereby give permission for my son/daughter to participate in this program. Should it become necessary for my child to have medical attention, I hereby give the Community Schools Team staff permission to use his/her best judgment in obtaining the best of such service for my child. I understand that any cost will be my responsibility. I also understand that in the event of illness or accident, I will be notified as soon as possible via the emergency contact information listed above.

The qualified staff and volunteers have had their references checked, and have basic training in group management, program planning, first aid, and other relevant skills. While program volunteers and staff will take reasonable steps to prevent injuries to students, some degree of risk is inherent in the nature of these activities and may occur without fault on the part of the student, school board, its employees or community partners, or the facility where the activity is taking place. By allowing your child to participate in these activities you are agreeing that the activities described are suitable for your child, and that there is a risk of injury associated with the activities.

- My child has been informed that he/she is to abide by the rules and regulations, including directions and instructions from the school's and/or service provider's administration, instructors, and supervisors, overall all phases of the programs/activities.
- In the event my child fails to abide by these rules and regulations, disciplinary action may require his/her exclusion from further participation, or that I be contacted to have him/her picked up, unless I have specified other transport arrangements.
- I acknowledge that the supervisors may secure transport to emergency medical services as they deem necessary for my child's immediate health and safety, and that I shall be financially responsible for such services.

I, _____ (Name of parent/guardian) give permission for
_____ (Name of student) to participate in the activities described.
I understand that my child may be exposed to a risk of injury due to accident while participating in these activities.

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Date: _____