

SFU Soccer Clinic - application-registration form 2012-2013

FAX: 778-782-8753 email: alan_koch@sfu.ca attn. Coach Koch

PARTICIPANT INFORMATION Participant's Last Name: _____ Gender: _____ Participant's First Name: _____ Middle Initial: _____ Address: _____ City: _____ Postal Code: _____ Home Phone: _____ Cell Phone: _____ Student E-Mail: _____ Parent E-Mail: _____ Clothing Sizes (Adult S/M/L) : Jacket = ____ Pants = ____ T-Shirt = ____ Shorts = ____	Current School grade: <input type="text"/> <input type="text"/> Male: _____ Female: _____ Birth Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> School: _____
PARTICIPANT MEDICAL INFORMATION (BC Residents) BC Care Card #: _____ (must provide) Emergency Contact Name: _____ Phone: _____	MEDICAL HISTORY <i>Please list any allergies, med. conditions, medications etc...</i>
NON-BC Residents: Out of Province Medical #: _____ Travel Insurance Insurance Provider: _____ (must provide prior to camp start date)	
Clinic Fee & Deposit (please see Clinic financial schedule for Clinic fee & payment information) Clinic fee is payable as a non-refundable registration deposit by cheque or credit card; and either a one-time lump sum payment by cheque or credit card, or 10 monthly payments by credit card, as outlined by the SFU Varsity Coach.	
REFUND POLICY: The Clinic fee is non-refundable, unless the student applicant is deemed not academically or athletically suitable for the Academy by the Clinic staff.	
PARENT / GUARDIAN CONSENT All participants <i>under the age of 14</i> must be signed out by an authorized person if leaving class before the scheduled end time. Please identify all of the individuals that can sign for your child in the space provided. Authorized Person(s) for early Sign Out Name: _____ Relationship to Child: _____ Name: _____ Relationship to Child: _____ Name: _____ Relationship to Child: _____ Name: _____ Relationship to Child: _____	
I hereby grant my child named _____ permission to participate in the Simon Fraser University (SFU) Sport Clinic Program and, in the event of an accident or injury, authorize Simon Fraser University to provide or cause to be provided such medical services, as University medical personnel consider appropriate. The SFU Sport Clinic Program reserves the right to refuse further participation to any participant for rule infractions. <input type="checkbox"/> Yes, I give Simon Fraser University my consent to take photographs or videos of my child and reproduce such photographs or videos for use in University promotional materials or publications. <input type="checkbox"/> Yes, I understand the Refund Policy . Signature of Parent/Guardian _____ Relationship to Participant _____ Date _____	
The information on this form is collected under the authority of the <i>University Act (R.S.B.C. 1996, c.468, s. 27(4)(a))</i> . It is related directly to and needed by the University to administer and operate the SFU Sport Clinic including registration, payment of camp fees and obtaining parental consent. The participants BC Care Card number and relevant medical history is needed in the event of an accident or injury. The information will be used to register camp participants, receive camp fee payments and issue refunds, apply parental consent and facilitate the provision of medical services in the event of an accident or injury to a camp participant. If you have any questions about the collection and use of this information please contact the Camps Coordinator, Recreation and Athletics, Simon Fraser University, 8888 University Drive, Burnaby, BC, V5A 1S6, 778-782-5434.	

Clinic Information
for internal use only
Date received: _____ Clinic sport: _____ Coach Koch approved: _____
PAYMENT INFORMATION
Deposit Payment (\$400 Mandatory) CHEQUE * (payable to SFU) CREDIT CARD: VISA MASTERCARD CARD # _____ / _____ / _____ / _____ NAME on CARD: _____ EXPIRY DATE ____ / ____ (MM/YY) Signature: _____
Annual Payment Options (Please choose A or B) A. Lump Sum (\$2200.00 less deposit) CHEQUE * payable to SFU CREDIT CARD: VISA MASTERCARD CARD # _____ / _____ / _____ / _____ NAME on CARD: _____ EXPIRY DATE ____ / ____ (MM/YY) Signature: _____
B. Monthly Payment Options (\$180.00/mth + dep) CREDIT CARD: VISA MASTERCARD CARD # _____ / _____ / _____ / _____ NAME on CARD: _____ EXPIRY DATE ____ / ____ (MM/YY) Signature: _____


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PLAYER PROFILE:

Date	Club Team	Level	Position(s)
2011-2012			
2010-2011			

Other (e.g. Select program, School, etc.):

Brief Description of Player Goals (e.g. wants to develop as a player & person; wants to move from Gold level to Metro level; wants to play college soccer, etc.):
