



2016 REGISTRATION FORM

Fredericton District Soccer Association
861 Woodstock Road, Fredericton, NB, E3B 7R7
Tel.: 451-1342 • Email: fdsa@nb.aibn.com • Website: www.fdsa.org

FOR OFFICE USE ONLY	
Age Level/Gender:	_____
Year:	_____
Total: \$	_____
Discount: \$	_____
Total Paid: \$	_____

PLAYER

Player Name: _____

Address (Street and/or Apt): _____

City: _____ Prov.: _____ Postal Code: _____

Male Female

PARENTS/GUARDIANS

Mother's Name: _____

Home #: _____ Work #: _____

Cell #: _____

Father's Name: _____

Home #: _____ Work #: _____

Cell #: _____

E-Mail Address: _____

(NOTE: Used to send ALL communication from FDSA office).

Birthday: _____ / _____ / _____
Day (DD) Month (MM) Year (YYYY)

Medicare No.: _____ - _____
(Necessary in case of emergency)

Does your child have a medical condition that the coach should be aware of?

Yes No If yes, please identify:

Special Request (4U-10U only) - ONE request per child - No special request for Youth (12U-18U)

Equipment and Injury Waiver / Privacy Policy

I will not hold the Fredericton District Soccer Association (FDSA) responsible for any injury sustained by my child/ward while engaged in playing soccer (including practices) or while traveling to or from games and practices. In appreciation of the loan to my child of any special equipment, including shirts and shorts used in connection with participation, I hereby agree to replace any equipment lost or destroyed by my child/ward while said equipment is entrusted to his/her care. I understand that the player named herein will be required to abide by the rules and by-laws of the FDSA.

The personal information collected herein by the FDSA will be used for the purpose of registration for FDSA activities and to enable FDSA to communicate with such parties. This information may be shared only with specific third parties, such as Soccer New Brunswick and the City of Fredericton, that are directly involved in FDSA activities and only when required to facilitate that involvement. It will not be shared or sold to third parties not directly involved in FDSA activities, except where required to do so by law.

The participant and his/her parent or legal guardian hereby consent and authorize FDSA to use the name, image, voice, likeness, biography or any similar personally identifiable identification of the participant in any and all media now known or hereafter for advertising, publicity, instructional or any other purposes in connection with FDSA, without compensation to, or right of prior review or approval by, the participant or his/her parent or legal guardian (to the extent permitted by law).

Date: _____ Signature (Parent or Guardian): _____

Spring Programs:
 8U/10U Spring League..... \$ _____

Summer Programs:
 Recreational League \$ _____
 U12 Enhanced \$ _____
 Division I League..... \$ _____
 Premiership League..... \$ _____
 Reds Summer Academy..... \$ _____
 Reds Elite Camp \$ _____

Fall Programs:
 8U/10U Fall League..... \$ _____
 Fall Competitive Academy \$ _____

Winter Programs:
 Futsal..... \$ _____

TOTAL \$ _____

Method of Payment:
 Cheque Cash Debit Credit

To register online, please log on to **www.fdsa.org** and see 'Latest News' on the main page for a link to '2016 Online Registration'. To use this method for summer program registration, you must have a debit or credit card and an email address. Online registration will be available starting **at noon on Monday, March 14th and closes Saturday, May 7th at 1pm. Online registration for Summer programs only. Please ensure you receive a 7-digit reference number upon completion of registration or the process was NOT completed.**

Note: Faxed applications will NOT be accepted



VOLUNTEERS

The association always needs coaches and volunteers for its programs. We would very much appreciate your involvement. Please indicate your willingness by completing the following:

I (Name), _____

am interested in volunteering for the following:

Age Group: _____ as a Coach Asst. Coach Helper

Tel.: _____ E-Mail: _____