



Town of Eston
 111 4th Ave SE | Box 757
 Eston, SK S0L 1A0
 (306) 962-4444 | Fax: (306) 962-4224
contact@eston.ca | eston.ca

2024 Soccer Registration

Deadline to Register: Thursday August 23, 2024

Payment is due upon registration



KidSport funding is available for those who qualify and must be submitted with registration by the deadline to qualify. Please contact Recreation Director Garrett Turner for more information.

Registration is not complete until the form, and medical information have been received. Please note all previous outstanding fees must be paid prior to completed registration.

<u>Age Division</u>	<u>Eston Soccer Fees</u>	Please check age division
U-5 (2020)	\$40	
U-7 (2018 & 2019)	\$40	
U-9 (2016 & 2017)	\$40	
U-11 (2014 & 2015)	\$40	
U-13 (2012 & 2013)	\$40	

Required Equipment:

- Running shoes or rubber cleats
- shin guards are optional

Participant Information

First Name: _____ Last Name: _____

Birth Year: _____ Birth Date: _____

Age Division _____ Gender: M / F

Parent / Guardian Information

Parent / Guardian (1) Name: _____

Cell Phone (1): _____ Email (1): _____

Mailing Address (1): _____

* Include Postal Code

Parent / Guardian (2) Name: _____

Cell Phone (2): _____ Email (2): _____

Mailing Address (2): _____

* if different than Address 1

Please mark the following team positions you are interested in volunteering for:

Head Coach _____

Assistant Coach _____

Consent:

I understand and agree that this information is being collected for the purpose of Eston Minor Soccer registration and may be used to update the athlete of upcoming sports he/she may be interested in.

It is a condition of participation that the athlete does so at his/her own risk. The Eston & District Recreation Committee is not liable in any way for loss, damage or injury resulting from participation in this program.

I understand that it is the responsibility of the parent/guardian to keep the Recreation Director informed of any change in the above information as well as medical information as soon as possible. In the event of an injury, if no one can be contacted, staff may take my child to a hospital or doctor if deemed necessary.

I authorize doctors and nursing staff to examine, investigate and treat my child as necessary. I authorize release of information to the appropriate parties and photos of my child to be taken and used for promotional purposes.

Signature: _____ Date: _____