

Royal City Hyacks Football Club

Registration Form

PLAYER INFORMATION – PLEASE PRINT

Name: _____
Last Name First Name Initials

Birth Date: ____/____/____ Care Card #: _____
Day Month Year **** photocopy required ****

Address: _____

City: _____ Prov: _____ Postal Code: _____

Parent/Legal Guardian Name(s): _____

Home Phone: _____ Alternate / Cell Phone: _____

Email(s): _____

CONSENT

I hereby approve and consent to the above named person participating in the football program noted above and absolve and release the Royal City Hyacks Football Club, the City of New Westminster, School District No. 40 (New Westminster), Football BC and any of their affiliate associations, members or volunteers from any and all liability arising from any act or omission on their part resulting in injury, fatality or illness occurring as a consequence of said participation.

Parent / Legal Guardian **Signature** _____ Date _____

PHOTO Consent ____ Yes, I grant permission for my child's photo to be published by RCHFC
____ No, I do not grant permission for my child's photo to be published by RCHFC

Parent / Legal Guardian **Signature** _____ Date _____

RCFHC Membership – One membership is available to one parent / legal guardian of the player registered above.

____ Please consider me for membership in the RCHFC organization. This would give me one vote at the annual AGM.

Parent / Legal Guardian **Signature** _____ Date _____

REGISTRATION FEE – maximum roster of approximately 34 per team, based on a first-come/first-served basis
A \$175 fee is due upon registration. In addition an equipment deposit of \$250 is required. This will be by way of POST DATED CHEQUE and will not be cashed unless equipment is not returned by the conclusion of the season. All you need to supply are moulded rubber cleats. Please make cheques payable to: **Royal City Hyacks Football Club**

REFUND POLICY

Refunds will be considered **prior to the first game of the regular season** when one of the following applies:

- A player can no longer participate due to illness or injury.
- A player moves from the New Westminster area.
- The head coach requests that a player not continue.

In general refunds will be 100% prior to the 1st practice, 50% prior to Labour Day, and Nil thereafter.

PARENT PARTICIPATION

The Hyacks rely completely on parent and family participation in order to realize a fun and successful season. It is an expectation of registration that each player's parent(s) or family will assist during the season in one or more of the following areas. Previous experience is not necessary – someone will help you out.

- | | | |
|--|--|--|
| <input type="checkbox"/> Team Manager | <input type="checkbox"/> Travel Coordinator | <input type="checkbox"/> Away Game Driver |
| <input type="checkbox"/> Coach | <input type="checkbox"/> Equipment Manager | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Game Videographer | <input type="checkbox"/> Team Reporter (publicist) | <input type="checkbox"/> Association Board Member |
| <input type="checkbox"/> Home Game Field Preparation | <input type="checkbox"/> Home Game Concession Duties | <input type="checkbox"/> Home Game Sideline Duties |

CONTACT INFORMATION

Club President: Farhan Lalji, 604-522-9779, flalji@hyackfootball.com