



Oshawa Kicks Soccer Academy



2014 Striker Summer Clinic

212 King St West Oshawa, ON L1J 2J2 • 905-429-2424 • www.oksa.ca

Date Registered:

Players Information

Player _____	DATE of BIRTH	DD / MM / YYYY
Street _____	Gender	M <input type="checkbox"/> F <input type="checkbox"/>
City _____	Postal Code	_____
Email _____	Phone	_____
Contact name _____	Phone	_____

Program	Please circle	Cost	Total
AGE YEAR	<input type="checkbox"/> 2006-2004 <input type="checkbox"/> 2003-2000 <input type="checkbox"/> 2000-1996		
PLAYER	<input type="checkbox"/> MEMBERS & NON-MEMBERS: \$130.00		
Choose a date & time:	<input type="checkbox"/> Wednesday <input type="checkbox"/> 6-7 pm or <input type="checkbox"/> 7-8 pm		
	<input type="checkbox"/> Saturday <input type="checkbox"/> 10 -11 am or <input type="checkbox"/> 11- 12 pm		
ACADEMY T-SHIRT	<input type="checkbox"/> \$25.00 for new members ONLY		
	CIRCLE: YOUTH SIZE: S M L XL ADULT SIZE: S M L XL		
8 WEEK SESSIONS/ 1 HOUR EACH: Wednesday, June 4 - July 23 or Saturday, June7 - July 26			
LOCATION: RS McLaughlin High School Grass Fields 570 Stevenson Rd N, Oshawa ON, L1J5P1			
			TOTAL

Special Requests/Medical Needs/Allergies	Total
	CASH
	CHQ
	Credit/Debit

Consent

* I give my consent and acknowledge that upon participating in all Oshawa Kicks events, players may be photographed and that all photographs are the sole property of the Oshawa Kicks Soccer Club and may be used in any and all club related publications

I HAVE READ AND AGREE TO THE ONTARIO SOCCER

PARTICIPATION AGREEMENT ON THE REVERSE

AND TO THE TERMS AND CONDITIONS LISTED ON BACK.

Players SIGNATURE (parent if under 18)

For use by CLUB REGISTRAR

PAID	REG
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Card name	_____
Card #	_____
Expiry	_____ #

Club Official Signature _____ Date _____

Note: Club must retain copy of the player registration form and if requested must submit form to its District Association or the Ontario Soccer Association upon request

** We do not sell or distribute your personal information or photographsto any other party not listed herein.**