**Brockville Youth**

**7 on 7 Football League**

**Program Application**

**Cost of Program:** $165+tax

**Dates:** Regular season games June 19-August 21

Playoff Weekend August 28th

**Junior:** Sunday’s 10:00am-11:00am

**Intermediate:** Sunday’s 11:30am-12:30pm

**Senior:** Sunday’s12:30pm-1:30pm

**Location:** Brockville Soccer Fields

**1. CHOOSE A PROGRAM**

• Circle or Bold the program you wish to register for.

1. Junior (Gr. 5-8)
2. Intermediate (Gr. 9-10)
3. Senior (Gr. 11-13)- Athletes one year removed from HS can play

**2. ATHLETE AND PRIMARY CONTACT INFORMATION**

Athlete Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Current Club (as applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Primary Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

T-Shirt Size (circle one): **Youth:** SM MED LG or**Adult:** SM MED LG

Name of Parent/Guardian/Primary Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian 1: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian 2: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Province: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred method of contact **(circle one):** **Home Phone** **Cell Phone**  **Email**

# 3. EMERGENCY CONTACTS (please provide two additional persons, separate from the parent/guardian listed above)

First Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

Second Contact’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_\_ - \_\_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_ -\_\_\_\_\_\_ - \_\_\_\_\_\_ ext \_\_\_\_\_\_

**4. EXPERIENCE**

Please briefly describe football/training related experience.

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**5. SAFETY INFORMATION**

Please list any medical conditions or special needs that the coaches should be aware of.

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**6. EMERGENCY AUTHORIZATION**

I, the athlete and the undersigned parent or guardian of the above named individual, acknowledge that participation in the Brockville Youth 7 on 7 league involves risk of physical injury. By signing this waiver form, we hereby agree that the Brockville Youth 7 on 7 league will not be responsible for any injury the player may sustain during participation of training and/or games/events. In doing so, I hereby release claims, actions legal or otherwise, demands, compensation, expenses, for damages to self or property that may arise in connection with services received from the Brockville Youth 7 on 7 league training program and/or its associated coaches, sponsors and volunteers.

I acknowledge that the Ontario Department of Health recommends practicing social distancing and that participating in the program may involve being closer than the recommended social distancing guidelines. I further acknowledge and accept that there is a risk that I may be exposed to COVID-19 while participating in the program and that the Brockville Youth 7 on 7 league cannot guarantee that I will not become infected by the Coronavirus during the course of the program. I affirm that in the last 14 days, I nor any member of my household have experienced COVID-19 related symptoms including cough, difficulty breathing, chills, fever, and headache, sore through. I affirm that I have not traveled internationally within the last 14 days and that, to my knowledge, I have not been exposed to any individuals with a suspected and/or confirmed case of COVID-19. I affirm that I have not been diagnosed with Coronavirus and I am following the recommended social distancing guideless as much as possible.

I give my permission for free use of my child’s name and picture in any/all media or written accounts of any game and or events related to the Brockville Youth 7 on 7 league.

**Athlete Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Parent/Guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**