



www.sbmc.net

South Burnaby Metro Club - Dedicated to Youth

Clubhouse - 6550 Bonsor Avenue - Burnaby, BC - V5H 3G4

Mailing address: PO Box 7022 - 4429 Kingsway Ave. - Burnaby, BC - V5H 4P9

REGISTRATION FORM & CHILDREN'S FITNESS TAX CREDIT


age level
age level
age level
age level

Boy [] Girl []

Soccer

Baseball

Basketball

Volleyball

Player Registration Information

New

Returning

Season

Last Name	First Name	Date of Birth dd/mmm/yy
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	Postal Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

School Attending	Grade	Medical Concerns
<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Guardian Contact Information

Primary Contact Name	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Secondary Contact Name	Email Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Volunteer Positions

Head Coach Assistant Coach Team Manager Contact me about other positions

Liabilities, Risks and Hazards

I, the parent/guardian of the above-named child, hereby give my approval for his/her participation in all South Burnaby Metro Club activities associated with the sport for which he/she is registered in. I assume full responsibility for all risks, liabilities and hazards arising due to playing the sport he/she is registered, including transportation to and from associated activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the South Burnaby Metro Club and all associated sponsors and participants with my child. I will provide transportation for my child to all games and practices and I will provide all required personal equipment necessary to play the sport for which my child is registered in. I understand that all fees must be paid before my child will be placed on a team and acknowledge that the South Burnaby Metro Club may apply a processing fee for all refunds or dishonoured cheques at the sole discretion of the South Burnaby Metro Club.

Parent/Guardian Signature: **X**

Date:

Notes and Comments

<input type="text"/>
<input type="text"/>
<input type="text"/>

Children's Fitness Tax Credit Receipt (must be age 16 or younger to be eligible)

Program/Activity: SOCCER [] BASEBALL [] BASKETBALL [] VOLLEYBALL [] YEAR:

Registration Fee:	Amount Paid:	Cash <input type="checkbox"/>	Cheque #	Date Paid:
<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>

Eligible Fees for Children's Fitness Tax Credit:	Authorizing Signature:
<input type="text"/>	<input type="text"/>

Team Assignment Information

Team Assigned	Division	Coach
<input type="text"/>	<input type="text"/>	<input type="text"/>