Eastern Ontario Select Football
2025-2026 Registration Form

PROGRAM SCHEDULE AND COSTS - EOS 7s

Summary	Dates & Times	Location
Tryouts	Tryout #1: **Aug 15** | Tryout #2**: Aug 16** | Tryout #3: **Aug 29** | Tryout #4: **Aug 30**	Brockville, ON
Optional practices + zoom mtgs	**Sept**-**Nov** - begin zoom installs, optional practices around NCAFA / HS football season.	Brockville
Practice / Development	**Nov**-**Feb** - 2 x month practices, run by current and former USPORT scholarship athletes. Weekly Strength & Conditioning sessions	TBC - Indoor Domes
Tournament / Travel Season	**Feb**-**May** - We will attend US/CAD events to compete against top competition. Schedule TBC once teams are finalized. Previous years's travel included Michigan, Pennsylvania, New Jersey, New York, Welland, Montreal, Ottawa.	4-5 events per age based on # of athletes
Cost	**$900** (includes tournament team fees, jerseys, strength program, dome times). Additional fees: hotels, food, and transportation are not included during tournament travel.	

PROGRAM SCHEDULE AND COSTS - EOS TRENCHES

Summary	Dates	Location
Tryouts	Tryout #1: **Aug 15** | Tryout #2**: Aug 16** | Tryout #3: **Aug 29** | Tryout #4: **Aug 30**	Brockville, ON
Practice / Development	**Nov** - **Jan** - 2 x Week practices - strength & development + position work **Feb** - **April** - Skill work and combine prep for June	4Life Fitness & Local Domes
Showcases / Combines	**Grade 10-12 ONLY** - **June** - Showcase / camp exposure	TBD
Cost	**Grade 7-9 - $500 / Grade 10-12 - $750**	

1. CHOOSE PROGRAM (Age/grade as of January 1, 2027)

EOS 7s ☐ **U12** ☐ **U14 or U15*** ☐ **U18**

**Athletes in U14 and U15 will be evaluated together. Following tryouts, athletes will be placed on either the U14 or U15 team based on age and roster needs.*

EOS Trenches ☐ **Grade 7-9** ☐ **Grade 10-12**

2. CONTACT INFORMATION

Athlete Name: _____ Date of Birth:_____ Grade:_____

Currrent School:_____

Height:_____ Weight:_____

Name of Parent/Guardian: _____

Address: _____

City: _____ Province:_____ Postal Code: _____

Cell Phone:_____ Email Address:_____

Preferred method of contact:_____

3. EMERGENCY CONTACT (Please provide two additional persons, separate from parent/guardian above)

First Contact: _____ Relationship:_____

Cell Phone: _____ Email Address:_____

Second Contact:_____ Relationship:_____

Cell Phone:_____ Email Address:_____

4. SAFETY INFORMATION (Please list any medical conditions or special accommodations needed)

_____

_____

5. EMERGENCY AUTHORIZATION)

I, the athlete and the undersigned parent/guardian of the above-named individual, acknowledge that participation in the program involves risk of physical injury. By signing this form, I hereby agree that the Eastern Ontario Select 7s or its parent organization 4Life Fitness will not be held responsible for any injury the player may sustain during participation of training and/or 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 Eastern Ontario Select 7s program and/or its parent company 4Life fitness, associated coaches, sponsors and volunteers.

6. MEDIA RELEASE

I, the athlete and the undersigned parent/guardian of the above-named individual, give permission for free use of my/my child's picture in any/all media related to the Eastern Ontario Select 7s or its parent organization 4Life Fitness.

7. CODE OF CONDUCT

All those associated with the program will ensure to treat all individuals encountered throughout this program with respect. This includes program coaches, organizers, volunteers, referees, players and coaches of the opposing team and of course all players, coaches and parents on the Eastern Ontario Select 7s. All players will play fairly, respecting the rules as directed by the referee and coaches. All players and parents will also communicate proactively and immediately should an issue arise. I understand that, as a player or parent, if I do not follow the code I/my child may be suspended or removed from the program without reimbursement.

Payment can be sent to zachbenson@4lifefitness.info. Parents wanting payment plans / instalment options, contact Zach at info@4lifefitness.info.

If 18 or above

Athlete Signature:_____ **Date:**_____

If under 18

Signature of Parent/Guardian: _____ **Date:**_____