

**Eastern Ontario Select 7s**

**2023-2024 Registration Form**

**PROGRAM SCHEDULE**

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| --- | --- | --- | --- | --- | --- |
|  | **Summary** | **Cost** | **Dates** | **Times** | **Location** |
| **Tryouts** | On-field skill evaluations | $20 | (#1) Sept 10(#2) Sept 16(#3) Sept 24 | 12-2pm | 100 Magedoma blvd, Brockville, ONBehind Memorial Centre |
| **Season Schedule**\*Rosterto be released Sept 23 | 2 team practices per month from Oct. – Mar. (Sat or Sun)Weekly S&C optional training as wellU14 tournament schedule to be communicated to team at a later dateU16/U18 tournament schedule will be out November 20232-3 US tournaments3-4 CAD tournaments | $659+tax (Members)$899+tax (Non-members) | Schedule and associated location to be released September 23.Tournaments: US Events: Dec – Mar CAD Events:Dec – May  |

**\*Fee breakdown:** Season fee includes: practice tee/team hoodie, practice/dome time, strength and conditioning training and recruiting assistance (education on the process and introduction to coaches). For questions email zachbenson@4lifefitness.info

**\*Fundraising Breakdown:** To raise funds to cover tournament registration fees, we as a group will run a large raffle between October – December and sell tickets as a group. Prizes will range from xbox, playstation, etc. (we are open to suggestions). Each individual player will be responsible for $250 worth of fundraising sponsorship, by way of raffle tickets or any other sponsorship you wish to pursue.

**\*Additional Fees:** Hotels, food, and transportation are not included, with the exception of 1-2 US tournaments where I am looking to split a coach bus with a second program (fee will be associated). More details to come at the information night on August 23, 7pm (zoom link will be emailed upon request).

**1. CHOOSE PROGRAM(S)**

Circle the desired program(s) (Age as of January 1, 2023)

1. **Tryouts U14 U16 U18**

**2. ATHLETE AND PRIMARY CONTACT INFORMATION**

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

Current School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 training/athletic development related experience.

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**4. SAFETY INFORMATION**

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

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**5. EMERGENCY AUTHORIZATION**

I, the athlete and the undersigned parent or guardian of the above named individual, acknowledge that participation in the program involves risk of physical injury. By signing this waiver form, we hereby agree that the Eastern Ontario Select 7s program will not be 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 associated coaches, sponsors and volunteers.

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 Eastern Ontario Select 7s program.

\*\*\*\*Code of conduct: Coaches, volunteers and all those encountered throughout this experience will be treated with respect and a zero tolerance policy towards racism, sexism or any type of discrimination.

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

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