

## Mini World Cup 3 on 3 Registration Form

Team Contact: \_\_\_\_\_ Ph: \_\_\_\_\_ Email: \_\_\_\_\_

Age Group: \_\_\_\_\_ (U9 to U15/U17) Gender: M/F/Mixed \_\_\_\_\_

### Team Roster

Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

Name: \_\_\_\_\_ Parent Email: \_\_\_\_\_ Phone: \_\_\_\_\_

DOB \_\_\_\_\_ T-Shirt Size \_\_\_\_\_

### FOR OFFICE USE ONLY TO BE COMPLETED BY STAFF

Team Country: \_\_\_\_\_ GPRC Wolves Soccer Mentor \_\_\_\_\_

Name	Description Code:	Dates	Amount	Payment
PASC8380	Mini World Cup U9 Boys	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC8380	Mini World Cup U9 Girls	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC8380	Mini World Cup U11 Boys	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC8380	Mini World Cup U11 Girls	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC8380	Mini World Cup U13 Boys	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC8380	Mini World Cup U13 Girls	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	
PASC 8380	Mini World Cup U15/U17 Girls Mini World Cup U15/U17 Boys	April 3 <sup>rd</sup> to 5 <sup>th</sup>	\$200.00	

Total Amount Paid: \_\_\_\_\_ Payment taken by: \_\_\_\_\_ Receipt #: \_\_\_\_\_

Player Name: \_\_\_\_\_ Age Group: \_\_\_\_\_

GPRC Wolves strives for each player to have a good experience and information gathered below assist our staff in programming and preparation. This information revealed in this form will be kept confidential. The personal information on this form is collected under the authority of Section 32 (C) of the freedom of information and privacy act.

Does your child have allergies or medical conditions? Yes • No •  
Explain the procedure involved in dealing with your child's allergic or medical condition (if applicable) \_\_\_\_\_

Will your child need medications during the camp? If yes, please explain. \_\_\_\_\_

Has your child been diagnosed with a condition that affects learning, a psychiatric diagnosis or an emotional health concern? If yes, please explain. \_\_\_\_\_

Do you wish to pass along any concerns of this nature that have not been diagnosed? \_\_\_\_\_

Please check the behaviors' that apply to your child:  
 No unusual behavior  Physically Aggressive  Verbally Aggressive  Withdrawn/Shy  Temper Tantrums  
 Self-Injurious  Wanders/Runs Away Other: \_\_\_\_\_  
Please explain any checked behavior, frequency, and methods of dealing with this behavior: \_\_\_\_\_

Is your child susceptible to headaches, nosebleeds, fainting, colds, sinus problems, heat sensitivity or any other physical ailments? If yes, please explain. \_\_\_\_\_

Is your child susceptible to digestive ailments? \_\_\_\_\_

Is your child susceptible or does your child presently have joint pains or injuries? If yes, please explain. \_\_\_\_\_

Is your child susceptible or have a history of concussions? \_\_\_\_\_

Is your child susceptible or presently has back pains or problems? If yes, please explain. \_\_\_\_\_

### Liability and consent release

**Health Accuracy:** This is to acknowledge that the information revealed in the above document is accurate and truthful. I understand that withholding information may contribute to injury, illness, or death and possibly compromise the care provided in the event of an emergency. In result that the information in the above document changes prior to or during the program I will immediately notify the GPRC Wolves staff.

Signed: \_\_\_\_\_

**Liability;** This is to certify that I/we the guardian/parent of the above-mentioned applicant agree to hold blameless the officials or sponsoring bodies of the Wolves program, in the event of any loss, damage of injury suffered during games or practices, sanctioned by the said association(s).

Signed: \_\_\_\_\_

**Photo Consent:** I hereby grant permission to GPRC to take my child's photo during the program. These materials will become the property of GPRC and will not be returned. The usage of the pictures will be as follows: group picture given to all children attending the program, promotional material such as posters, postcards, flyers, and photos on the GPRC website/social media. GPRC reserves the right to discontinue the use of the image(s) without notice and that there will be no compensation to me for the use of the photographs.  
 Yes  No  Only the group photo

Signed: \_\_\_\_\_