

REGISTRATION FORM – 2018

GREATER MADAWASKA PROGRAMS



Please fill out and return this form along with payment. Forms can be dropped off at the Township of Greater Madawaska Office, 19 Parnell St., Calabogie, ON K0J 1H0 Monday – Friday 8:30 am – 4:00 pm or by:

Email: community@greatermadawaska.com **Fax:** 613-752-2617

Registration Deadline is: March 31, 2018 for Soccer and Little League Ball

Registrant Information: (for additional children, please see over)

Name: _____ Male Female

Birth Date: ____/____/____ Address: _____
Month Day Year Street Town Postal Code

Parent/Guardian: _____
Name Address (Same as above)

Home #: _____ Work #: _____ Cellular #: _____

Email: _____

Emergency Contact: _____ Phone #: _____

List any medical concerns/allergies: _____

Recreational Soccer – \$10.00 Shin Guards Are Required

Wednesdays, Beginning May 2nd, 6:00 – 6:45 pm at the Calabogie Community Centre, 574 Mill Street, Calabogie

Ages 3 - 5

Ages 6 - 8

Little League Ball - \$10.00 Batting Helmets Are Required

Thursdays, Beginning May 3rd, 6:00 – 7:00 pm at the Calabogie Ball Diamond, 574 Mill St. Calabogie

Ages 3 – 5

Ages 6 - 9

Interested in being a Volunteer/Coach/Referee: Yes No

If you are interested in sponsoring a Team (\$120/Year), please contact the Township Office

PLEASE NOTE: You Will Be Responsible For Checking the Township Facebook Page Or Website Page For Cancellation Or Changes Due To The Weather

Payment: Amount \$: _____ Cash Debit Cheque (Payable to: Township of Greater Madawaska)

I, the undersigned, do hereby release and agree to indemnify and save harmless the Township of Greater Madawaska and their respective employees or agents from all claims for loss, injury or damage to persons and property while participating in or travelling to and from the activities, which I or any person claiming through me or on behalf, may at any time have arising out of or connected with the operation of this activity.

Parent/Guardian Signature: _____ Date: _____



Registrant Information:

Name: _____ Male Female

Birth Date: ____/____/____

List any medical concerns/allergies: _____

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Registrant Information:

Name: _____ Male Female

Birth Date: ____/____/____

List any medical concerns/allergies: _____

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