



Carleton Place Soccer Club Inc.
P.O. Box 85, Carleton Place, ON K7C 3P3

ADULT INDOOR SOCCER LEAGUE

www.beckwithindoorsoccer.ca

At Beckwith Recreation Centre Soccer Facility

Player Registration Form

PLAYER INFORMATION

Family Name: _____ First Name: _____
Address: _____ Town/City: _____
Postal Code: _____
Phone #: _____ Alternate Phone #: _____
Date of Birth (dd/mm/yyyy): ___/___/____ Gender: _____
E-mail: _____

EMERGENCY CONTACT INFORMATION:

Please provide a name and telephone number of an individual to contact in the event of an emergency:

Name: _____ Telephone # _____
Relationship to Player: _____

LEAGUE DIVISIONS AND TEAM INFO:

Please select the Division and provide the Team name you intend to join:

Women Over 30	Sunday	6:00 – 11:00 pm	Team Name: _____
Women's Open Age (18+)	Wednesday	6:30 – 11:00 pm	Team Name: _____
Co-Ed Open Age (18+)	Thursday	6:30 – 11:00 pm	Team Name: _____
Men's Old Timers (35+)	Friday	6:30 – 11:30 pm	Team Name: _____

Fall Session: September 2017 – middle of January 2018 (15 games)

Spring Session: Middle of January 2018 – May 2018 (15 games)

FEE INFORMATION:

- **Team Fee: \$1,802.35** (\$1,595.00+HST) per session. The AISL does not refund player fees. As team fees need to be paid in full, the team in question will be responsible to arrange any player refund.
- **Unassigned/Individual Player Fee:** \$180.00 (\$159.50 + HST) per session; Note: Player will be assigned to a team at the League's discretion. The AISL does not refund individual player fees.
- **OSA Insurance Fee for OSA Registration: \$20** (Must be paid each indoor season)
- Any member who has **fees owing** to the CPSC **must** pay the outstanding balance in advance of their registration being completed with the AISL.

CALL-UP CONTACT INFORMATION SHARING: I consent to having my email address and/or phone number shared with team captains within my division for the sole purpose of being asked to play as a call-up.

Signature: _____ Date: _____

Cash, debit, or cheques are acceptable forms of payment. If paying by cheque, please make payable to: *The Township of Beckwith*

Please send/deliver your registration form with payment to: Beckwith Township c/o Cassandra McGregor RR2, 1702 – 9 th Line Road, Beckwith Carleton Place, ON, K7C 3P2	Club Use Only
	Team ID: _____
	Paid: _____ Paid by: Chq ___ Cash ___ Dbt ___