



# South Burnaby Metro Club - Dedicated to Youth

Clubhouse - 6550 Bonsor Avenue - Burnaby, BC - V5H 3G4

Mailing address: PO Box 72022 - 4429 Kingsway, Burnaby, BC V5H 4P9

**REGISTRATION FORM &  
CHILDREN'S FITNESS TAX CREDIT**

www.sbmc.net

  
age level  
age level  
age level  
age level

Boy [ ] Girl [ ]

Soccer

Baseball

Basketball

Volleyball

### Player Registration Information

New

Returning

Season

Last Name	First Name	Date of Birth dd/mmm/yy
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Address	City	Postal Code
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School Attending	Grade	Medical Concerns
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### Parent/Guardian Contact Information

Primary Contact Name	Email Address	Phone Number
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Secondary Contact Name	Email Address	Phone Number
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### Volunteer Positions

Head Coach  Assistant Coach  Team Manager  Contact me about other positions

### Liabilities, Risks and Hazards

I, the parent/guardian of the above-named child, hereby give my approval for his/her participation in all South Burnaby Metro Club activities associated with the sport for which he/she is registered in. I assume full responsibility for all risks, liabilities and hazards arising due to playing the sport he/she is registered in, including transportation to and from associated activities. I do hereby waive, release, absolve, indemnify and agree to hold harmless, the South Burnaby Metro Club and all associated sponsors and participants with my child. I will provide transportation for my child to all games and practices and I will provide all required personal equipment necessary to play the sport for which my child is registered in. I understand that all fees must be paid before my child will be placed on a team and acknowledge that the South Burnaby Metro Club may apply a processing fee for all refunds or dishonoured cheques at the sole discretion of the South Burnaby Metro Club.

Parent/Guardian Signature: **X**

Date:

### Notes and Comments


### Children's Fitness Tax Credit Receipt (must be age 16 or younger to be eligible)

Program/Activity: SOCCER [ ] BASEBALL [ ] BASKETBALL [ ] VOLLEYBALL [ ] YEAR:

Registration Fee:	Amount Paid:	Cash <input type="checkbox"/>	Cheque #	Visa <input type="checkbox"/>	MC <input type="checkbox"/>	Date Paid:
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Eligible Fees for Children's Fitness Tax Credit:	Authorizing Signature:
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### Team Assignment Information

Team Assigned	Division	Coach
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