



MACKIN PARK SOCCER

What is Canadian Tire Jumpstart and how do I register? REGISTRATION OPENS ON May 10th

Mackin Park Soccer is a program generously funded by Canadian Tire Jumpstart. The funding covers children from 4 – 12 years of age. This is an active soccer program that will consist of challenging drills, games and of course fun soccer matches! The program takes place at 1046 Brunette Avenue, at the corner of Brunette Avenue & King Edward Street in Coquitlam. Best of all, **it's free!**

How to register:

1. On the attached form, fill out **side 1 completely, as well as section 1 of side 2**. Canadian Tire Jumpstart will receive a copy of the funding side and Place Maillardville Community Centre (PMCC) will keep the original form in a secure location.
2. Your child will **only** be registered in Mackin Park Soccer upon receipt of a **completed** form in our office. This includes section 1 of the Jumpstart form, and the entire Place Maillardville waiver form. There are 3 ways to get the form to us: 1) Email completed forms to info@placemaillardville.ca 2) Fax us at 604-933-6168. 3) Bring it to us in person at Place Maillardville Community Centre, 1200 Cartier Avenue, Coquitlam.
3. As funding is focused on local participants, **priority registration will be given to participants the Tri-Cities area** (Port Moody, Coquitlam & Port Coquitlam).
4. **Registration is first come first served and has limited availability.** Please register early. Be sure to include your email address, as this is how we will contact you with any program reminders or changes.
5. **Days:** Tuesdays and Thursdays
Dates: July 3rd – August 23rd There are 2 SESSIONS of soccer. **** You can ONLY sign up for 1 of these 2 sessions based on availability. Circle your session and age group below. ****

You may **ONLY** sign up for **ONE** of these 2 sessions based on availability.
Pick which session and age group below.

<input type="checkbox"/>	Session 1 Time: 9:00 am – 10:15 am No program July 10 & 12	OR	<input type="checkbox"/>	Session 2 Time: 10:45 am – 12:00 pm No program July 10 & 12
Age Groups:	<input type="checkbox"/> 4 yrs	<input type="checkbox"/> 5-6 yrs	<input type="checkbox"/> 7-8 yrs	<input type="checkbox"/> 9-12 yrs

Please note that your child **must** be at least 4 years old at the start of the program. For children ages 0-5, we also offer a Family Drop-In program on Tuesdays and Thursdays at Mackin Park from 9:15 - 11:15 am. If you have any questions, please do not hesitate to contact our office at 604.933.6166 or at info@placemaillardville.ca
Please keep this page for your reference.

Waiver Form 2018 – (Please fill in this whole page and section one of side 2)

SIDE 1

Program Name: MACKIN PARK SOCCER

Location: Mackin Park (1046 Brunette Ave at King Edward)

Days: Tuesdays & Thursdays

Dates: July 3 - August 23 (no program July 10 & 12)

Times: There are two sessions of soccer. You may ONLY sign up for ONE of these 2 sessions based on availability.

Pick which session and age group below.

<p>Session 1</p> <input type="checkbox"/> Time: 9:00 am – 10:15 am No program July 10 & 12	OR	<p>Session 2</p> <input type="checkbox"/> Time: 10:45 am – 12:00 pm No program July 10 & 12
<p>Age Groups: <input type="checkbox"/> 4 yrs <input type="checkbox"/> 5-6 yrs <input type="checkbox"/> 7-8 yrs <input type="checkbox"/> 9-12 yrs</p>		

Child's Name: _____ Male Female Birthdate (mm/dd/yyyy): _____ Age: _____

Medical Concerns: _____

Food Allergies or Dietary Restrictions: _____

Emergency Contact Name: _____ Phone# _____

For safety, Parents/Guardians are required to pick their children up after the program. If a person other than parent or guardian will be picking up, please list name(s) below.

Authorized Pick-Ups Name: _____ Phone# _____
 Name: _____ Phone# _____

Can your child walk home alone? yes no (*Signature required if "yes"*)

Parent/Guardian Signature: _____ Print Name: _____

Liability Release

I/we agree that our son/daughter will follow all reasonable instructions and directions of the program instructor(s) in connection with the operation of Place Maillardville Community Centre. I/we release, remise and forever discharge Place Maillardville staff, program instructor(s), and partners of Place Maillardville of and from all manner of actions, claims and demands of whatever nature which result from any accidental injury, loss expense sustained, arising out of or in any way connected with participation in any Place Maillardville program or event. In the event that our son/daughter is injured, ill or in need of medical attention and I/we are unable to be contacted, I/We authorize Place Maillardville staff, program instructor(s) and volunteers to seek medical attention on my/our behalf.

Parent/Guardian Signature: _____ Date: _____

Photo Release

We offer many of our programs at little to no cost to our participants. To help us promote our programs and receive continued funding from our sponsors, we require photographs of our programs in action. These photos may be used in our year-end reports, as well as our website, Facebook page and promotional materials. Your child's name will not appear in the photo.

YES, I give permission for my child's photo to be used **NO**, I do not give permission for my child's photo to be used

I certify that the information is true to the best of my knowledge.

Parent/Guardian Signature: _____ Date: _____

**Canadian Tire Jumpstart Application 2018 - (Please complete ONLY section 1 below)****Section 1: Applicants Information (Child's Information)**Name: _____ Male Female Age: _____ Birthdate (mm.dd.yy) _____

Address: _____ City: _____ Postal Code: _____

Parent/Guardian Information

Name: _____ Relationship: _____

Phone#: _____ Email: _____

Is it okay for Canadian Tire Jumpstart Head Office to contact you directly? Yes No Initials: _____**Section 2: Request for Funding (Note: One spot per Child) – Office Use Only**Sport/Activity Organization Name: **Place Maillardville Community Centre** (Payee for Activity)Organization Contact: **Diane Morrison** Telephone: **604.933.6166**Describe sport/activity: **Community Development Application – Mackin Park Soccer**Start date: **July 3, 2018** End date: **Aug 23, 2018** No. of session: **14** Length of sessions **Two 75 minutes sessions/week**

Total registration fees: _____ Amount of subsidy requested: _____

Date required: _____ Additional funds required for equipment/transportation: _____

Please mail cheque to: **1200 Cartier Avenue, Coquitlam, BC, V3K 2C3** (please complete full mailing address with postal code)**Section 3: Endorsement – Office Use Only**

Community Leader (School Principal/teacher/counsellor/Health professional/Community agency)

Name: **Place Maillardville Community Centre** Address: **1200 Cartier Avenue, Coquitlam, BC, V3K 2C3**Phone#: **604.933.6166** Email: **activities@placemaillardville.ca** Relationship to applicant: **Recreation Manager**

I certify my endorsement of the above child/youth and verify that all the information given is correct

Signature: _____ Date: _____, 2018

For office use onlyDate received: _____ Request accepted: Yes No First time funding? Yes No Total amount paid: _____

Reason: _____ Contact: _____

Canadian Tire Jumpstart and its members will respect the confidentiality of all applicants.

By completing this application, I hereby authorize Canadian Tire and its local Canadian Tire to consult with the endorser and share this information with the organization or company that will receive the payment for my child.

All information above is a requirement of Canadian Tire Jumpstart and is submitted electronically as part of the requirement of funding. All personal information is secured and protected and will not be used for any purpose other than reference to the funding provided.