



MACKIN PARK SOCCER

What is Canadian Tire Jumpstart and how do I register?

REGISTRATION OPENS ON April 25th

Mackin Park Soccer is a free 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. Canadian Tire Jumpstart will only pay for each child to participate in one activity per calendar year.

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, it is **only available for those in 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 11 - August 24 (7 weeks) 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. ****

Session 1

Time: 9:00 am – 10:15 am

Exception: Week 1 (July 11 & 13) Session 1 runs from 12:00
- 1:15 pm.

Session 2

Time: 10:45 am – 12:00 pm

Exception: Week 1 (July 11 & 13) Session 2 runs from 1:45
– 3:00 pm.

Age Groups: 4 yrs 5-6 yrs 7-8 yrs 9-12 yrs

If you have any questions or concerns, please do not hesitate to contact our office at 604.933.6166 or at info@placemaillardville.ca

Waiver Form 2017 – (fill in Side 2 as well)

SIDE 1

Which Program are you registering for? MACKIN PARK SOCCER**Program Location:** Mackin Park (1046 Brunette Ave at King Edward)**Days:** Tuesdays and Thursdays **Dates:** July 11 - August 24**Times:** There are two sessions of soccer. **You may ONLY sign up for ONE of these two sessions based on availability. Circle your session and age group below.****Session 1****Time:** 9:00 am – 10:15 am*Exception:* Week 1 (July 11 & 13) Session 1 runs from 12:00
- 1:15 pm.**Session 2****Time:** 10:45 am – 12:00 pm*Exception:* Week 1 (July 11 & 13) Session 2 runs from 1:45
– 3:00 pm.**Age Groups:** 4 yrs 5-6 yrs 7-8 yrs 9-12 yrsChild's Name: _____ Male Female Birthdate (M/D/Y): _____

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 you would like your child to walk home alone, or if they will be picked up by someone other than yourself, please **sign below** to confirm your permission.**Can your child walk home alone?** yes no (*Signature required if "yes"*)*Signature* _____ *Print Name* _____**OR****Who will be picking up your child?** Name: _____ Phone#: _____

Name: _____ Phone#: _____

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 2017 - (Fill in 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 11, 2017** End date: **August 24, 2017** 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: **programs@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: _____, 2017

For office use only

Date 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.