

THUNDER BAY INTER LUCANIA SOCCER CLUB



Mailing Address:

1248 Regina Ave.
Thunder Bay, ON
P7B 5Y5
www.interlucania.ca



REGISTRATION

1. On-line.

If you choose register on-line **payment should be mailed the same day** to the mailing address above or you can choose to pay at one of **our walk-in registration dates** which are listed on the **registration form** on the **reverse side** of this page.

2. Walk-in.

***Teams are put together as soon as payment is received so the quicker you pay the better chance your child has to play on the same team as friends. Late registered players will be placed on the team with the lowest number. We also have the right to move players to a higher or lower division.

TIM HORTON'S has once again graciously come through for us by being our sponsor.

Our committee consists of Joe Benincasa our founder and executive, Vince Fragale - President, Peter Dumoulin - Vice President, Vince Talarico, Frank Anselmo, Lui Fabiano, Peter Pullia, Massimo Fortino, Lui Tassone and Katherine Stewart. Please feel free to address any questions or concerns you may have to us. We are here to help!

GENERAL INFORMATION

* All games are played on Mondays & Wednesdays.

* Our season will run from **Monday, April 30th** (weather permitting) to **Wednesday, June 27th**, 2018.

Divisions 1 & 3 at 5:30; Divisions 2 & 4 at 6:30; Division 5 at 7:30.

* Shin guards must be worn by every player; anyone not complying will not be permitted to play.

* **NO STEEL CLEATS; rubber cleats only** in Divisions 2, 3, 4, & 5. **No cleats in Division 1.**

* The main objectives of the program are to teach basic soccer fundamentals & for children to just have **FUN!** We do not keep stats.

* **We need volunteer COACHES AND ASSISTANT COACHES!**

* **All other volunteers welcome too.**

(OVER for Registration Form)

Thunder Bay Inter Lucania Soccer Club Registration Form

PLAYER INFORMATION (ONE FORM PER CHILD) (PLEASE PRINT CLEARLY)

Name: _____

Gender: **MALE** or **FEMALE** (Please Circle)

Birth Date: Day () Month () Year ()

Address: _____ Postal Code: _____

Home and/or Cell Phone # : _____ or _____

School: _____

OFFICE USE ONLY
Cash or Cheque # _____
Division # _____

Request to play on same team as _____
(ONE request ONLY; Please Print Clearly) **NOTE: Not always possible to place on same team.**

Volunteers: Coach / Referee / Linesmen / Fruit Distributor / BBQ / (Please Circle)
Name (Please Print Clearly): _____ Phone #: _____

I do hereby release and hold harmless the City of Thunder Bay, Thunder Bay Inter Lucania Soccer Club and the Lakehead District Catholic School Board, including all employees and volunteers working and/or volunteering on behalf of the city of Thunder Bay, Thunder Bay Inter Lucania Soccer Club, its Board of Directors and sponsors for liability of injury and/or illness that may occur as a result of my participation and/or of any minor whom I am parent or guardian to. I do hereby give my consent for **(Child's Name)** _____ **(Please Print)** to participate in the mini soccer program offered and operated by the Thunder Bay Inter Lucania Soccer Club either outside of or on the premises of Carrick Recreation Centre and/or the Lakehead District Catholic School Board.

Parent Name: (Please Print Clearly) _____

Signature: _____ **Date:** _____

REGISTRATION INFORMATION

Fee: \$40.00/child Cash or cheque payable to "Thunder Bay Inter Lucania Soccer Club"

Walk-in Registration - Carrick Center located at 80 Marlborough Street (next to Corpus Christi School).

Walk in Registration Dates 2018
March 21 & 22.....6:30-8pm March 24 & 251-3pm March 28.....6:30-8pm March 31 & April 1.....1-3pm April 14 & 15.....6:30-8pm
Or register at: www.interlucania.ca

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