INDOOR 2021/22 RECREATIONAL REQUEST FORM

PO Box 852 11151 Keele St., Maple, ON, L6A 1S8
T. 905.832.0911 F. 905.832.0624
www.vaughansoccer.com
recreational@vaughansoccer.com

IT IS YOUR RESPONSIBILITY TO READ ENTIRE DOCUMENT BEFORE SIGNING.
REQUESTS WILL NOT BE GUARANTEED ON THE SPOT.
STAFF ARE NOT PERMITTED TO GUARNATEE ANY REQUESTS.

1) Request deadline is September 30, 2021 requests received after this deadline will not be considered.

2) Requests MUST be made at time of registration, any requests received AFTER you have already registered your child will not be acknowledged.

3) Only one request permitted per player

4) Your request must be reciprocated. Vaughan Soccer Club will not contact you if the player you are requesting has not reciprocated the request.

5) Requests for specific coaches or their child will not be accepted.

6) It is your responsibility to ensure that the player you are requesting falls within the same age group as your child. Vaughan Soccer Club will not contact you if the player you are requesting falls into a different age group.

7) Denial of a request is not a legitimate reason for a refund.

8) Signing this document indicates that you have read, understand and will abide by the decision made by the Vaughan Soccer Club with respect to the your child request and team placement.

You will not be contacted as to whether or not your request has been honored.
Vaughan Soccer Club reserves the right to move player(s) from one team to another without notice.

Your child's name: _____
First **Last**

Your child's date of birth: _____/_____/_____ Gender: Male / Female
MM / DD / YY Circle one

Name of the child you are requesting we put on the same team with your child:

Name of Parent/Guardian: _____
(print clearly)

_____ _____
Signature of Parent/Guardian **Dated**