



**Aurora Youth Soccer Club**  
75 Mary St. Unit 3, Aurora, ON, L4G 1G3  
Tel: 905-727-0624 Fax: 905-727-1655 [www.aysc.ca](http://www.aysc.ca) [info@aysc.ca](mailto:info@aysc.ca)



## 2016 AYSC FootGolf Tournament Registration

(Please Print Clearly)

Limited Spots Available! Sign up early to guarantee your spot! Registration Deadline: **August 22nd!**

Join the Aurora Youth Soccer Club at our second annual AYSC FOOTGOLF Tournament Saturday, August 27, 2016. This is a great way to get a bit of soccer at the golf course with other AYSC members. Sign yourself or your team of six up, for a great day on the green, rain or shine.

### DATE & TIME

Saturday, August 27, 2016  
Shotgun Start - 10 a.m.  
Check-in begins at 9 a.m.  
Noon - Awards BBQ Patio Lunch  
Silent Auction

### FEES

Fees include 18-hole round of footgolf, lunch and awards.  
\$55.00 per player  
Payment must be made at the AYSC office on - 75 Mary street, Unit 3

### LOCATION

Kettle Creek Footgolf Course at Cardinal Golf Club  
17700 Jane Street, King, Ontario | 905-841-7378

### REGISTRATION:

Individual players please fill in the 'Player 1' slot below. Pairs please use the 'Player 1 and 2 slots.' Please note teams will be combined to create as many teams of six as possible.

## Registration Form (All Players must be age 10+)

Team Name (For Groups of six only): \_\_\_\_\_

Player name:	Player e-mail:
(Captain) Player 1:	
PLAYER 2:	
PLAYER 3:	
PLAYER 4:	
PLAYER 5:	
PLAYER 6:	

### Waiver

I knowingly, and at my own risk, am participating in The Aurora Youth Soccer Club FOOTGOLF Tournament. I do hereby waive any and release all claims against the AYSC, event sponsors, employees, volunteers, or officials of any organization from any claim of injury, or illness (including death) that I may incur as a result of my participation in this event. I further, hereby certify that I have full knowledge of the risks involved in this event, and I am physically fit and sufficiently trained to participate. If, however, as a result of participation in The Aurora Youth Soccer Club FOOTGOLF Tournament, I require medical attention, I hereby give consent to authorize medical personnel to provide medical care as deemed necessary.

Please note that by providing your email address you are explicitly agreeing to receive information and updates via email communication from the AYSC regarding the The Aurora Youth Soccer Club FOOTGOLF Tournament as well as other AYSC programs, news and events.

Player Signature (Parent/Guardian if player is under age of 18):

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY

Total Cost: \_\_\_\_\_

Payment: ☐ Debit ☐ Credit ☐ Cheque ☐ Cash

Date: \_\_\_\_\_

Paid: \_\_\_\_\_

Entered: \_\_\_\_\_