



卑詩省華人足球總會
B.C. CHINESE SOCCER FEDERATION

2021年青少年秋季足球興趣班
Fall 2021 Youth Soccer Interest Class
本會網址 website <http://youth.bccsf.info>

Objective :

BCCSF is proud to announce the youth soccer Fall season for children ages 5 to 12 years old. The main objectives of our program is to provide a good environment for children to play soccer, learn to build up teamwork and improve self-confidence.

主旨 :

卑詩省華人足球總會秋季足球興趣班為 5 至 12 歲青少年而設，主要目的是讓青少年能在良好環境下培養出對足球興趣與熱誠，讓他們知道怎樣與其他隊員合作溝通，透過足球比賽來增加自己的自信心。

時間：九月至十二月每逢週六下午 5:00 至 6:30

Time: Months of Sept to Dec, Saturday from 5:00pm -6:30pm

地點：列治文市 (首日訓練日及場地稍後公佈)

Place: Richmond City (Exact training start date and field to be announced later)

年齡：由 5 歲 至 12 歲

Age: 5 to 12 years old

SoccerLINK
Specialist for Sports Products

項目 Item	年齡 Age	舊學員 Ex-student	新學員 New Student
註冊費 Registration Fee	5 歲 - 10 歲	\$100	\$120
	11 歲 - 12 歲	\$120	\$140



KELME
Proud of BCCSF Sponsorship

報名表格 - Registration Form

Name : _____ 中文姓名: _____ 性別 Sex : _____

出生日期 Birthday : _____ 年齡 Age : _____

地址 Address : _____

電話 Tel: _____ 卑詩醫療卡號碼 BC Medical Card No. _____

家長姓名 Parent Name : _____ 電郵 e-mail : _____

家長簽署 Signature : _____ 日期 Date : _____

Payment Method 付款方法

支票抬頭人為 BCCSF 連同申請表格寄往以下地址:

Make cheque payable to **BCCSF** and mail it under this address: #114 Alderbridge Place, 4940 No.3 Road, Richmond, BC V6X3A5

或將申請表格連同銀行存款收據傳真到以下地址:

or fax the form and bank deposit slip to Soccerlink at 604-2078728 (HSBC Bank Account. no. **070-287104-080** under BCCSF).

(I / Parent) agree(s) and understand(s) the organization will not take any responsibility for any injury to player caused by the program.

我本人(家長)同意及明白卑詩省華人足球總會將不會承擔球員在訓練期間受傷之責任。

Initial 簡簽 _____

(I / Parent) agree(s) and understand(s) the organization has the right to cancel any player's membership due to misconduct during the training. The fee is non-refundable.

我本人(家長)同意及明白卑詩省華人足球總會有權取消球員在訓練期間不服從教練的資格,費用將不會退還。

Initial 簡簽 _____

本會專用 For office only

Amount paid: _____ Date received: _____ Cheque or Cash