

2017 Soccer Registration Form



Town of Shellbrooke

Participant Information (PLEASE PRINT)

Surname:	First Name:	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Date of Birth: / / (day/month/year)	Age:	Telephone:
Mailing Address:		
City	Prov/State:	Postal Code:
Health Card #:	Other Health Insurance:	

Medical Information: Please indicate below if the participant has any medical issues or medication requirements that we should be aware of. (i.e. diabetes, epilepsy, allergies etc)

Parent/Guardian 1 Information (PLEASE PRINT)

Parent/Guardian Full Name:	Contact Telephone #:
Address (if different from above):	Postal Code:
Secondary Telephone #:	Email Address:

Parent/Guardian 2 Information (PLEASE PRINT)

Parent/Guardian Full Name:	Contact Telephone #:
Address (if different from above):	Postal Code:
Secondary Telephone #:	Email Address:

Please note that if someone other than parent/guardian 1&2 will be collecting the participant , please inform coaching staff.

Emergency Contact: The individual you list here will be contacted in the event a parent/guardian cannot be reached. This section is optional.

Emergency Contact Name:	Relationship:
Contact Telephone #:	Secondary Telephone #:

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Release and Waiver of Claim: (Please read and sign)

(PLEASE PRINT) I, _____, parent/ legal guardian of _____ hereby acknowledge and agree that in consideration of his/her being permitted to participate in the Soccer Program offered by the Town of Shellbrook;

i. I understand and acknowledge the risks inherent with the activities carried out during the program, and hereby accept and assume all such risks which I or the participant youth for whom I act as guarding may be exposed.

ii. I am sufficiently informed to represent to the Town that the participant does not suffer from any condition that may affect his/her ability to safely participate in the program. I also acknowledge that the Town reserve the right to require medical certificate in respect to my or his/her ability to participate.

iii. I have carefully read and clearly understand that by signing this Release and Waiver of Claim, I will be forever thereof for any property loss, or personal injury that I or the youth may suffer while participating in this program.

iv. I also acknowledge that the Town of Shellbrook would not permit me or him/her to participate unless I signed the Release and Waiver of claim, agreeing to comply with the rules and regulations as set by the Town of Shellbrook.

Date: _____ Print Name: _____ Signature: _____

Photograph Release Declaration: (Please read and sign)

(PLEASE PRINT) I, _____, parent/legal guardian of child _____ grant The Town of Shellbrook the right to take photographs of he named participant. I authorise The Town of Shellbrook to copyright, use and public these photographs in print and/or electronically.

I agree that the Town of Shellbrook may use such photographs of the name participant with or without identification for any lawful purpose, including publicity, illustration, advertising and on relevant websites.

Date: _____ Print Name: _____ Signature: _____

Official Use Only:

Payment Due: \$	Method of Payment (circle):	Cash	Cheque # _____	
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