



AGASSIZ SOCCER ASSOCIATION PLAYER REGISTRATION FORM

For Office Use Only
Registration Fee

Date: _____

Cash: \$ _____

Cheque: \$ _____

PART A: PLAYER INFORMATION

Player's Name: _____	DOB (dd/mm/yy) _____	Gender: M F
Address: _____	Town/City: _____	
Postal Code: _____	Email: _____	
Mother's Name: _____	Home Ph. _____	Work Ph.. _____
Address: _____	Email: _____	
Father's Name: _____	Work Ph. _____	Cell No. _____
Address: _____	Email: _____	

PART B: HEALTH CARD AND MEDICAL INFORMATION

Medical Card #: _____	Player's Personal ID Health #: _____
Blue Cross # (if applicable) _____	Other Health Ins.: _____
Family Doctor: _____	Phone: _____ Contact Lenses: Yes ___ No ___
Please list any medical problems (allergies, medical conditions and instructions):	

Emergency Contact 1: _____	Relationship: _____ Phone: _____
Emergency Contact 2: _____	Relationship: _____ Phone: _____

PART C: WAIVER / RELEASE / MEDICAL AND MEDIA CONSENT

I, being a parent or legal guardian of hereby agree that the foregoing Waiver and Release shall be binding upon my child and I agree to indemnify the Agassiz Soccer Association, its directors, officers, employees, representatives, successors and assigns from and against all claims, actions, demands, costs and expenses in respect to death, injury, loss or damage to my child for any claim which may be advanced by or on behalf of my child, howsoever caused, arising out of or in connection with my child's taking part in the Event and notwithstanding that the same may have been contributed to or occasioned by the negligence of the Agassiz Soccer Association, its directors, officers, employees, representatives, successors and assigns.

In a case of serious accident or illness, and in the case I cannot be reached, I authorize the coach or his designate to provide appropriate emergency care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance to transport the participant to the hospital, or the nearest facility, based on the conditions pertaining to the incident. I also understand that if an immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated. The parent of the child involved would be responsible for the cost of that transportation.

I give permission to publish pictures of for promotional purpose.

..... Parent / Guardian Signature Date
..... Parent / Guardian Signature Date