2017 REGISTRATION FORM

PROOF OF AGE REQUIRED BY ALL PLAYERS

Please Print All Information

LAST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ SEX M ☐ F ☐

FIRST NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ MIDDLE INITIAL ☐

NO. & STREET ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ APT. NO. ☐☐☐

CITY/TOWN ☐☐☐☐☐☐☐☐☐☐☐☐☐ POSTAL CODE ☐☐☐ ☐☐☐

DATE OF BIRTH ☐☐ ☐☐ ☐☐ PHONE ☐☐☐ - ☐☐☐ - ☐☐☐☐

MONTH DAY YEAR

DOES YOUR CHILD HAVE ANY MEDICAL PROBLEM (ALLERGIES ETC.)? YES ☐ NO ☐

HAS YOUR CHILD PLAYED IN ANY SOCCER LEAGUE? YES ☐ NO ☐

MAY WE HAVE PERMISSION TO TAKE YOUR CHILD'S PHOTOGRAPH WHICH MAY BE POSTED ON OUR WEBSITE WITHOUT NAMES? YES ☐ NO ☐

MAY WE HAVE PERMISSION TO EMAIL YOU NEXT YEAR ABOUT REGISTRATION? YES ☐ NO ☐

ARE YOU WILLING TO HELP US AS A: COACH ☐ OR ASSISTANT ☐

E-MAIL ADDRESS ____

PERMISSION TO PARTICIPATE

I, THE UNDERSIGNED PARENT/GUARDIAN HEREBY GIVE PERMISSION FOR MY SON/DAUGHTER TO PARTICIPATE IN THE ACTIVITIES OF BRANT COUNTY RECREATIONAL SOCCER INC. I HEREBY RELEASE THE LEAGUE FROM ALL ACTIONS, CLAIMS AND DEMAND FOR DAMAGES, LOSS OR INJURY ARISING OUT OF THE PARTICIPATION OF MY SON/DAUGHTER DURING ANY OF THE LEAGUE'S ACTIVITIES. NO PARTICIPATION WILL BE ALLOWED UNLESS THIS FORM IS SIGNED BY THE PARENT/GUARDIAN

MOTHER'S NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name First Name

FATHER'S NAME ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Last Name First Name

SIGNATURE OF PARENT/GUARDIAN ____

UNIFORMS ARE THE PROPERTY OF BRANT COUNTY RECREATIONAL SOCCER INC. UNTIL THE SEASON IS COMPLETED. THESE MUST BE RETURNED IF THE PLAYER DOES NOT COMPLETE THE SEASON.

FOR OFFICIAL USE ONLY

M ☐☐ D ☐☐ Y ☐☐ CASH ☐ CHEQUE ☐ RECEIPT NO. ☐☐☐☐ INIT. ☐