2012 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 A MEDICAL PROBLEM (ALLERGIES ETC.)? YES ☐ NO ☐

DID YOUR CHILD PLAY IN ANY SOCCER LEAGUE LAST YEAR? YES ☐ NO ☐

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

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

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. ☐