



# strathroy-caradoc minor soccer association PLAYER REGISTRATION FORM

## 1. PLAYER INFORMATION

Mandatory wallet-size, COLOUR PHOTO is attached? Yes / No

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Street Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
MONTH DAY YEAR  
City/Town \_\_\_\_\_ Province \_\_\_\_\_ Current Age \_\_\_\_\_  
Postal Code \_\_\_\_\_ Home Phone \_\_\_\_\_ Gender Male \_\_\_ Female \_\_\_  
E-Mail Address \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Number \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Work Number \_\_\_\_\_

## 2. PROOF OF AGE

A photocopy of PLAYERS BIRTH CERTIFICATE or passport is attached? Yes / No

## 3. CONSENT FOR EMERGENCY MEDICAL TREATMENT

Please note any health restrictions which may affect your child: \_\_\_\_\_

**CONSENT TO EMERGENCY MEDICAL TREATMENT (MINOR)** As a Parent or Legal Guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or wellbeing of my dependent.

Parent/Guardian (please print) \_\_\_\_\_ Signature \_\_\_\_\_

## 4. VOLUNTEER PARTICIPATION

Strathroy-Caradoc Minor Soccer Association is a volunteer organization and solely through the efforts of its volunteers and is dedicated to providing a quality opportunity to participate in the exciting game of soccer. Please do not hesitate to volunteer because of lack of knowledge or experience; clinics are held to train volunteers. A Parent Meeting will be held for teams without a volunteer coach. All potential coaching staff must complete a Coaching Application and a Volunteer Consent to Disclosure Form, and forward to SMSA's Head Coach for consideration.

Parent Volunteer Name (please print) \_\_\_\_\_

\_\_\_ Coach \_\_\_ Assistant Coach \_\_\_ Sponsor \_\_\_ Convenor \_\_\_ Equipment \_\_\_ Tournament Volunteer

## 5. PARENT/GUARDIAN RELEASE - PLEASE READ CAREFULLY

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of Strathroy- Caradoc Minor Soccer Association (SMSA) and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for SMSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify SMSA and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrants participation in the programs.

Name (please print) \_\_\_\_\_ Signature \_\_\_\_\_

## FOR OFFICE USE ONLY

PLEASE MAKE ALL CHEQUES PAYABLE TO **STRATHROY-CARADOC MINOR SOCCER ASSOCIATION**  
A LATE REGISTRATION FEE WILL APPLY TO REGISTRATIONS RECEIVED AFTER FEBRUARY 4TH, 2012

**METHOD OF PAYMENT:**  CASH \_\_\_\_\_  CHEQUE # \_\_\_\_\_  POSTDATED CHEQUE # \_\_\_\_\_