

Send completed form with cheque to:

Attn: Edmonds Soccer Association

8150 Greenlake Place, Burnaby V5A 3P2

604-420-5843

### EDMONDS SOCCER ASSOCIATION

### Registration Form

**PLEASE PRINT**

**AGE GROUP GOING INTO: U \_\_\_\_\_**

Player's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
(First) (Last) (MM/DD/YYYY)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Ph.: \_\_\_\_\_ E-mail: \_\_\_\_\_ School: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Mother's Name: \_\_\_\_\_

Last Year's Team: \_\_\_\_\_ Current Team: \_\_\_\_\_

#### Medical Information

Care Card # \_\_\_\_\_ Doctor: \_\_\_\_\_ Ph.: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Ph.: \_\_\_\_\_

Address: \_\_\_\_\_

#### Circle Appropriate Response

Wears glasses	YES NO	Wears dental appliance	YES NO
Wears contacts	YES NO	Hearing problems	YES NO
Asthma	YES NO	Attention problems	YES NO
Medications	YES NO (if Yes, give details) _____		
Allergies	YES NO (if Yes, give details) _____		
Present Injury	YES NO (if Yes, give details) _____		
Any other concerns: _____			

#### I AM INTERESTED IN HELPING WITH:

___ Coaching	___ Phone Committee	___ Jamboree Committee
___ Assistant Coach	___ Uniforms	___ Schedules
___ Manager	___ Registration	___ Newsletter

**CONSENT:** I hereby give consent for my child \_\_\_\_\_ to play soccer for the Edmonds Soccer Association from June 1, 200\_\_ to May 31, 200\_\_. I hereby absolve the Edmonds Soccer Association, its Officers, Member Associations, and anyone on their behalf from any liability resulting from accident or injury while participating in this activity. I authorize the appropriate people (Coach, Physician) to seek emergency medical attention for my child in my absence.

Parent/Guardian Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_

Date of Registration: \_\_\_\_\_ Official: \_\_\_\_\_

Received Payment From: \_\_\_\_\_

Amount \_\_\_\_\_ Cheque # \_\_\_\_\_ Cash \_\_\_\_\_ Other \_\_\_\_\_