



WARRIORS SOCCER CLUB

P.O. Box 92083, Meadowbrook RPO, Edmonton, AB, T6T 1N1

Community League

Name _____

Number: _____

Birthdate: _____

Birth Certificate # _____

Health Care # _____

Player Information

Season Indoor Outdoor Age Group U10 U12 U14 U16 U18

Player Last Played: Year _____ Team: _____

Player Surname	Given Name	Home Phone	e-mail
_____	_____	_____	_____
Player Address	City/Town		Postal Code
_____	_____		_____
Father/Guardian Name	Home Phone	Work Phone	Cell
_____	_____	_____	_____
Mother/Guardian Name	Home Phone	Work Phone	Cell
_____	_____	_____	_____

I, the Registrant, or the Parent/Guardian of the above named Registrant, hereby give my approval of his participation in any and all activities under the jurisdiction of the Edmonton Minor Soccer Association, Edmonton Federation of Community Leagues and the affiliated Community Leagues (the Associations). I assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I do further hereby release, absolve, indemnify and hold harmless all organizers, coaches, supervisors, managers and officials appointed by the Associations mentioned above. I likewise release from responsibility any person(s) transporting the Registrant to and from the activities.

I, the Registrant, or I, the Parent/Guardian of the above named Registrant hereby consents to the collection, use and disclosure of personal information of the registrant and, if the registrant is under eighteen (18) years of age, the collection, use and disclosure of personal information of the parents or other legal guardian of the registrant, all as may be disclosed to us in this registration or at a later time (including information on the name, address, telephone number, birth date, picture, electronic mail address, soccer participation history of the registrant and the parents or other legal guardian of such registrant), by us and our affiliated organizations, including the Edmonton Minor Soccer Association, the Alberta Soccer Association and the Canada Soccer Association, for the following purposes: to permit us and our affiliated organizations to organize, administer and provide programs and activities which allow the registrant to participate in the sport of soccer, to permit us and our affiliated organization to conduct fundraising activities, and to permit us and our affiliated organizations to contact the registrant or the parents or other legal guardian of the registrant by mail, telephone or electronic means; and such consent shall include consent to the disclosure of *personal information to volunteers and employees of us and third party fundraisers of us and our affiliated organizations for their use in association with the purposes set forth above. *Personal Information Protection Act (PIPA)

SIGNED: _____ (by the Parent/Guardian)

DATED THIS _____ DAY OF _____, 20 _____ AT THE CITY OF EDMONTON, IN THE PROVINCE OF ALBERTA

OFFICE USE ONLY

PLEASE MAKE CHEQUES PAYABLE TO : WARRIORS SOCCER CLUB

Payment Received:

Receipt # _____

Try-out Fee Method of Payment Cash Cheque # _____ Points Amount _____

Reg. Fee Method of Payment Cash Cheque # _____ Points Amount _____