



Player Registration Form

Players Name: _____

Date of Birth: _____ / _____ / _____
Month / Day / Year

Street Address: _____

Town: _____ Postal Code: _____

Phone Number: (_____) _____ Father's Name: _____

Mother's Name: _____ Health Card #: _____

Emergency Phone if Different from Above: (_____) _____

Allergies: _____

Please provide a copy of the players BIRTH CERTIFICATE and a WALLET SIZED PHOTO of the player when this form is submitted.

NOTICE: PLAYER ATHLETIC PARTICIPATION WAIVER

I hereby agree to my son's/daughter's participation in the Sun County Travel Soccer League during 2008 season. I have accepted my parental responsibility to make certain that he/she is in good physical condition (doctor's examination) and able to participate in this activity. I have been advised and accept that neither the Sun County Soccer League, nor it's Officers, Directors, Coaches or referees will be responsible for any injury or damage that may arise because of such participation by my child in league activities.

Signature of Parent or Guardian: _____

Print Name: _____

Consent: In the event of an accident / injury and I or my alternate contact cannot be reached, I hereby give my permission to the Sun County Travel Soccer League Coach to seek medical attention to my child.

Signature of Parent or Guardian: _____

Print Name: _____

Privacy Disclaimer: Sun county Soccer League respects you and your child's privacy. Your child's personal information will be protected and will be used only by the Sun County Soccer League and our house league affiliates for our internal administrative purposes. I hereby give my permission to use the above information for either medical or administrative purposes.

Signature of Parent or Guardian: _____

Print Name: _____

Be advised that photos of the player's MAY be taken and used by the Sun County Soccer League (Web Site, etc). If this will be a problem please contact a member of the Sun County Soccer Executive.