

Future Soccer Academy
REGISTRATION FORM

Parent/Guardian's Name:.....
E-mail Address:..... Tel:
Address: Apt/Unit #:.....
City:..... Postal Code:.....

Player Information

Players First Name:.....
Player's Health Card Number:.....
Date of Birth:..... Day:..... Month:.....Year:.....
Name of School Attending:..... Grade:.....
Extra Activities:.....

Parental Permission

I hereby give my consent to the above mentioned player to play soccer under the Future Soccer Academy. I, as well as the player mentioned above, agree to abide by the Published Rules of the Canadian Soccer Association, the Ontario Soccer Association, the Scarborough Soccer Association and Agincourt Soccer Club. I hereby acknowledge that soccer is a physical sport and in so doing, I will not hold Future Soccer Academy responsible for injuries caused to a member arising out of his/her participation in the sport. I agree to supply my child with soccer shoes and shin pads which are to be worn at all times during soccer games and practice. I am also aware that player's skills will be evaluated at the discretion of the league/club.

Parents/Guardian's Signature:..... Date:.....

Payment Received \$:..... Cash:..... Cheque:.....

REMEMBER: Form Signed:.....Payment attached:.....Proof of age:.....
Receipt #:.....