



Sun County Soccer League Player Registration Form



Player's Name: _____

Date of Birth: _____ (MM/DD/YYYY)

Street Address: _____ Town: _____

Postal Code: _____ Phone Number: _____

Father's Name: _____ Mother's Name: _____

Emergency Phone (if different from above): _____

Health Card #: _____

Allergies: _____

Please attach a copy of the player's BIRTH CERTIFICATE and a COLOUR, WALLET-SIZED PHOTO before submitting this form.

PLAYER ATHLETIC PARTICIPATION WAIVER: I hereby agree to my son's/daughter's participation in the Sun County Travel Soccer League during the above-stated 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 understand that neither the Sun County Soccer League nor any of its 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 / Guardian: _____ Print Name: _____

MEDICAL ATTENTION 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 / 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 / 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.