



1st D.F.C. Victoria Soccer Club Youth Program Player Registration Form

Today's Date _____ Year _____ Season: Outdoor/Indoor/Futsal

Section 1: Player Information

Male Female Age _____ Date of Birth: Year _____ Month _____ Day _____

Surname _____ First Name _____

Address _____ City/Town _____ Postal Code _____

Phone _____ Cell _____ E-mail _____

AHC # _____ Health Concerns _____

What position you would like to play? _____

Club, League, Division, Age Group & Season last played for _____

Section 2: Parent / Guardian Information

Mother's Name _____

Phone _____ Cell _____ E-Mail _____

Father's Name _____

Phone _____ Cell _____ E-Mail _____

Section 3: Waiver

I the parent/guardian of the above named registrant hereby give my approval of his/her participation in any and all activities under the jurisdiction of the Edmonton Interdistrict Youth Soccer Association (EIYSA) during the current season. I assume all risk 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 Association mentioned above. I, likewise release from responsibility any person(s) transporting the registrant to and from the activities.

I also understand that the personal information, furnished through this form, will be used by EIYSA and the Victoria Soccer Club (and/or their representatives), in the course of conducting their Soccer Program and for such lawful purposes in accordance with the applicable federal and provincial laws that may apply.

Signed: _____
(by parent/guardian)

Dated this _____ day of (month) _____ (year) _____ at the City of Edmonton in the Province of Alberta

Registration Fee Collected

Cash Cheque # _____ Name _____