

BURNABY METRO SELECTS SOCCER CLUB

www.burnabyselects.com

REGISTRATION FORM



PLAYER'S INFO			
LAST (FAMILY) NAME _____		INITIAL _____	FIRST NAME _____
MONTH DAY YEAR		BIRTH DATE _____	
SUITE _____	STREET _____	CITY _____	POSTAL CODE _____
AREA CODE _____	TELEPHONE _____	CELL PHONE _____	E-MAIL ADDRESS _____
PREVIOUS SOCCER REGISTRATION			
YEAR _____	U _____ TEAM AGE	<input type="checkbox"/> METRO	<input type="checkbox"/> GOLD
		<input type="checkbox"/> SILVER	<input type="checkbox"/> BRONZE
			SOCCER CLUB _____
HEALTH INFO			
DO YOU HAVE ANY MEDICAL CONCERNS / ALLERGIES ?			
<input type="checkbox"/> NO <input type="checkbox"/> YES IF YES PLEASE SPECIFY: _____			
BC CARECARD PERS. HEALTH NO. _____			
PARENT OR GUARDIAN'S INFO			
<input type="checkbox"/> ADDRESS SAME AS ABOVE			
OR		MOTHER _____	FATHER _____
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.			
LAST (FAMILY) NAME _____	FIRST NAME _____	AREA CODE _____	TELEPHONE _____
STREET ADDRESS _____		CITY/PROVINCE _____	COUNTRY _____
			POSTAL CODE _____
EMERGENCY CONTACT			
NAME _____	AREA CODE _____	TELEPHONE _____	AREA CODE _____
			CELL PHONE _____
CONSENT AND RELEASE			
I, _____, THE PARENT / GUARDIAN OF _____ (THE "PLAYER"),			
HEREBY CONSENT TO THE PLAYER PARTICIPATING IN THE SOCCER PROGRAM OF THE BURNABY METRO SELECTS SOCCER CLUB (THE "CLUB"), A SOCIETY INCORPORATED UNDER THE BRITISH COLUMBIA SOCIETY ACT. IN CONSIDERATION OF THE CLUB ACCEPTING THE PLAYER'S REGISTRATION AND ALLOWING THE PLAYER TO PARTICIPATE IN THE ACTIVITIES OF THE CLUB, I AGREE THAT I WILL NOT HOLD THE CLUB OR ANY OF ITS DIRECTORS, OFFICERS, MEMBERS, COACHES, MANAGERS, EMPLOYEES, WORKERS OR VOLUNTEERS (COLLECTIVELY, THE "RELEASED PARTIES") LIABLE OR RESPONSIBLE IN ANY MANNER WHATSOEVER FOR ANY INJURIES, LOSSES OR DAMAGES THAT MAY BE SUFFERED OR INCURRED BY THE PLAYER DURING OR AS A RESULT OF THE PLAYER'S PARTICIPATION IN ANY GAMES, PRACTICES OR ANY OTHER ACTIVITIES OF THE CLUB, INCLUDING THOSE INJURIES, LOSSES OR DAMAGES THAT MAY OCCUR AS A RESULT OF THE NEGLIGENCE OF THE CLUB OR ANY OF THE RELEASED PARTIES.			
BY SIGNING THIS APPLICATION, YOU ARE CONSENTING ON YOUR BEHALF AND ON BEHALF OF YOUR CHILD TO THE COLLECTION, USE, AND DISCLOSURE OF YOUR PERSONAL INFORMATION FOR THE PURPOSES OF THE BC SOCCER ASSOCIATION, THE DISTRICT SOCCER ASSOCIATION, BURNABY METRO SELECTS SC AND THE LEAGUE WHICH THEY PLAY IN. THE PERSONAL INFORMATION YOU PROVIDE WILL BE USED FOR PURPOSES REASONABLY ASSOCIATED WITH YOUR CHILD'S ENROLLMENT AS A SOCCER PLAYER TO OBTAIN INSURANCE. THE PERSONAL INFORMATION WILL NOT BE DISCLOSED TO THIRD PARTIES OTHER THAN AS STIPULATED UNLESS REQUIRED BY LAW.			
SIGNATURE (PARENT / GUARDIAN) _____			DATE _____
ENCLOSURES			
AMOUNT PAID _____ \$	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> CASH	
BURNABY METRO SELECTS SOCCER CLUB REGISTRAR'S SIGNATURE _____		DATE _____	
ASSIGNED UPON SOCCER REGISTRATION			
YEAR _____	U _____ TEAM AGE	<input type="checkbox"/> METRO	<input type="checkbox"/> U21
		<input type="checkbox"/> SENIOR	<input type="checkbox"/> GIRLS
			TEAM NAME _____

Please Note: No refunds after August 31st.