

**Blenheim Community
Soccer League**

PLAYER REGISTRATION FORM

REGISTRATION INFO – OFFICE USE

Amount Received: \$ _____

Paid By: Chq # _____ or Cash ☐

Date Received: yyyy/mm/dd Initial _____ Div: **U-**

Receipt Given:

H/L _____

Travel _____

SC Waiver _____

PERSONAL INFORMATION

Last Name:

First Name:

Street Address:

Apt/Unit #:

City:

Province:

Postal Code:

-

Home Phone:

Alt. Phone:

Email:

Birth Date(yyyy/mm/dd): _____/_____/_____

Sex: Male ☐

Female ☐



Parent Contact: _____

Phone #: _____

This is someone the coach can contact

Email: _____

TEAM DETAILS

Player Classification:

☐

Houseleague

☐

Competitive Travel

VOLUNTEER OPPORTUNITIES

Would you be able to volunteer your time in the following positions?

Coach

☐

Convener

☐

Referee

☐

Registration

☐

Board Member

☐

I AGREE TO BE RESPONSIBLE FOR MYSELF

I am participating voluntarily in these activities, events and programs. I agree that there are risks in soccer as described in the Participants Agreement which can be found at www.blenheimsoccer.ca. By participating voluntarily in these events, activities and programs, I am exposed to these risks and hazards. I agree to accept them and be responsible for any injury or other loss which I might receive while participating in these events, activities and programs.

If something happens to me, I release the organizers of responsibility for any claims, demands, actions and costs which might arise out of my participation. In this Agreement I understand “organizers” to mean: The Sun County Soccer League, Blenheim Community Soccer League Clubs and their directors, officers, members, employees, volunteers, officials, participants, clubs, agents, sponsors, owners/operators of facilities, and representatives.

During regular season play it may arise that the local area Newspaper takes and prints pictures of soccer players. Also team photos will be posted to the website. By signing below you are aware that this will occur

Printed Name of Parent of Guardian

✕

Signature of Parent or Guardian

Printed Name of Participant (If over the age of 13)

✕

Signature of Participant (If over the age of 13)

Date Signed: _____