



REGISTRATION FORM

Name: _____
Address: _____
City: _____ Postal Code: _____
Home Phone: _____ Player's Cell (if applicable): _____
Birthdate: _____ Grade (as of September): _____
Email address: _____
Uniform Size: T-shirt _____ Shorts _____ Jacket: _____ Track pants: _____ Socks: _____

Parent/Guardian Information:

Mother's Name: _____
Address (if different from above): _____
City: _____ Postal Code: _____
Home Phone: _____ Cell (if applicable): _____
Daytime Phone: _____ Email: _____
Father's Name: _____
Address (if different from above): _____
City: _____ Postal Code: _____
Home Phone: _____ Cell (if applicable): _____
Daytime Phone: _____ Email: _____

Family Physician: _____
Phone: _____ BC Medical Card #: _____

Please use this space to comment on any medications or medical or allergy concerns:

Soccer Training Information:

Club Team: _____ Coach: _____
Coach's Phone: _____ Email: _____

Any additional soccer and/or personal training programs: _____

Other sports interests: _____

Year _____

Semester(s)

- Fall
 Spring

School use:

Date rec'd: _____

- Letter
 Transcripts
Meeting Date: _____

Approved by: _____

Sent to PASS: _____

PASS use:

Date rec'd: _____

Payment:

- \$300 Deposit
 \$150 Apparel

Post-Dated
cheques:

- Sept
 Oct
 Nov
 Feb
 March
 April

Forms:

- Medical
 Consent

Notes:

