



Anola Soccer Registration Form 2017

Child's Age as of December 31st, 2017: _____

Child's First Name: _____

Child's Last Name: _____

Parent's Names: _____

Child's Date of Birth: _____

Physician: _____

Medical # (9 Digit): _____

Phone Number: _____ Cell Phone #: _____

Email Address: _____

Emergency Contact _____

Allergies or Health Concerns: _____

Volunteers are needed to make our problems and community club successful. Volunteering in the below positions goes toward your required club volunteer time and ensures a successful soccer season for all kids.

Are you interested in any of the following?: (please check)

<input type="checkbox"/>	Refereeing	<input type="checkbox"/>	Equipment Manager
<input type="checkbox"/>	Coaching	<input type="checkbox"/>	Referee Coordinator
<input type="checkbox"/>	Assistant Coach	<input type="checkbox"/>	Soccer Field Crew

In signing this the Parent/Guardian waives all claims that the child and/or parent/guardian might have against the League, it's coaches, volunteers and the Town & Club of Anola, as a result of personal injury to the child and/or damages to or loss of personal property by the child during the course of the child's involvement in the soccer program.

Parent/Guardian Signature: _____ Date: _____

Office Use Only:

Volunteer Bond (\$50)/Buy Out (\$40) Cheque #: _____

ACC Membership (\$35) Cheque#: _____

Soccer Registration Cheque#: _____ Amount: _____

Soccer Jersey Bond Cheque (\$50) Cheque#: _____