



Dauphin Soccer Association Spring 2011

Name: _____ Grade: _____ Birthday _____
_____ (9 digit Manitoba Health PIN)

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_____ (9 digit Manitoba Health PIN)

Address: _____

Legal Guardian(s): _____

Home Phone: _____ Work Phone: _____ cell _____

Manitoba Health Number: _____ (6 digit Family number)

Any Health Factors: Yes/No please describe: _____

Emergency Contact : _____ Phone # _____ cell _____

Email address: _____ (most news is distributed this way)

Fees : Payment made by: Cash / Cheque Amount of Payment: _____

Please indicate below where you are willing to volunteer. We need help in all areas. Please circle.

Coaching Equipment Field Prep Windup Medical Convening

Other _____

Dauphin Soccer Association Registration fee covers Manitoba Soccer Association membership, insurance, referee fees, upgrading equipment, facility rental, wind-up and other soccer related expenses.

I am aware that there are inherent risks involved in participating in the sport of soccer. In consideration of the Dauphin Soccer Association, an affiliate of the Manitoba Soccer Association, allowing my child to participate in the sport of soccer, I agree to waive any and all claims I may have in the future against the Dauphin Soccer Association. Further, I also release any claim of liability, damage, injury, or expense against the volunteers and referees of the Dauphin Soccer Association and hold harmless and indemnify the same.

Date _____ Signature of Guardian: _____

Signature of Witness: _____