



www.thompsonokanaganfc.com

email: tofcassist@gmail.com

PLAYER REGISTRATION 2011 - 2012

I hereby consent to the above-named club registering me with the BC Soccer Premier League. I understand that I may be registered to only one BC Soccer Premier League member club at any time.

Player's Signature *Date* *Parent/Guardian Signature* *Date*

PLAYER INFORMATION

Player's Name _____ Birthdate _____
FIRST MIDDLE INITIAL LAST DD/MM/YY

Mailing Address _____
PO BOX NUMBER/STREET CITY POSTAL CODE

Email Address _____
PLEASE PRINT LEGIBLY AND USE AN ADDRESS THAT IS CHECKED DAILY

Home Phone _____ Alternate Phone/Fax _____

In an emergency *when the parent/guardian cannot be reached*, please contact the following person:

Name _____ Home Phone _____ Other _____

Allergies _____

Other Medical Conditions _____

Physician _____ Phone _____

Medical Insurance Company/Number _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

I hereby give my consent to have an athletic trainer, coach, team, manager, emergency medical technician, nurse, medical treatment facility, and/or doctor of medicine, dentistry or associated personnel provide the applicant/participant with medical assistance and/or treatment and agree to be financially responsible for the cost of such assistance and/or treatment. I understand treatment for injury will be based on information provided herein. I hereby authorize emergency transportation of the applicant/participant to a medical treatment facility should an individual listed above consider it to be warranted. I recognize the possibility of physical injury associated with soccer. I hereby release, discharge, and otherwise indemnify the BC Soccer Association, the Thompson Okanagan Football Club, their sponsors and all affiliated organizations including the employees and associated personnel of these organizations against any claim by or on behalf of the player named above as a result of that player's participation in Thompson Okanagan Football Club soccer programs and/or transported to or from the same, which transportation I authorize.

 Signature _____
 Relationship to player (circle one): Father Mother Guardian Date