

Shedden Soccer Registration

Player's Name: _____
Date of Birth: _____
Address: _____ City : _____
Postal Code: _____ Phone (home) : _____ (cell) : _____
Health Issues: _____
Parents / Guardians: _____
Email Address: _____

Shedden Soccer Club assumes NO responsibility for accidents or injury incurred to, from or during any practice, game or organized event by Shedden Soccer and/or its representatives, coaches, officials or members.

Signature: _____ Date: _____

****Player assigned to team when ALL included:**

- registration fee \$100 volunteer cheque dated August 30 / 09
 birth certificate copy recent photo signed parents code of ethics

Registrar use only:	
Boy	U5 U6 U7 U8 U9 U11 U12 U13 U14
Girl	U16 U18

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