

Toronto Azzurri Soccer Club

Columbus Centre: 901 Lawrence Ave. West, Suite 303B, Toronto Ont. M6A 1C3
Tel: (416) 782-1578 Fax: (416) 782-0414 Website: www.torontoazzurri.com

HOUSE LEAGUE REGISTRATION
OUTDOOR INDOOR YEAR: 20 _____

<u>DIVISION</u> _____

_____/_____/_____ Male Female
Player's Family Name First Name mm dd yr

Address: _____ Th /Apt# _____

City: _____ Postal Code: _____ Photo? (Y) (N) ID? (Y) (N)

Home Tel: (_____) _____ - _____ Bus. Tel: (_____) _____ - _____

E-Mail Address (Print Clearly): _____

Health card # _____ Medical Conditions (please Specify) _____

Refund and NSF Cheque Policy: Full refund less \$25 administration fee can be issued prior to start of season provided that uniform is returned. No refunds will be issued after the first game.
There will be a surcharge of \$25.00 for any N.S.F. cheques.

WAIVER: I hereby register my child and I do understand that there is a potential for injury while participating in the programs offered by your club and I agree to hold harmless, the Toronto Azzurri Soccer Club, The Team, Officials, League or District Associations from any and all injuries sustained while playing for this Club at practices, games and events. For safety reasons, **I agree to supply my child with soccer shoes and shin pads, to be worn at all times during play, including practices.** I agree to abide by the rules and regulations of the Toronto Azzurri SC, the Ontario Soccer Association (www.soccer.on.ca) and the North York Soccer Association. **I also understand that balancing of the teams may take place up to and including the 3rd game of the season.** I consent to my child being filmed, audio taped, photographed, interviewed by employees, agents or servants of the Toronto Azzurri S.C. I have read and understand the registration rules published by the Ontario Soccer Association and I agree to release, indemnify, authorize and acknowledge the contents on the front and reverse side of this form.

Parent/Guardian Name: _____

<u>UNIFORM SIZE</u>	
<u>YTH</u> -XLRG <input type="checkbox"/>	<u>Adult</u> XLRG <input type="checkbox"/>
LRG <input type="checkbox"/>	LRG <input type="checkbox"/>
MED <input type="checkbox"/>	MED <input type="checkbox"/>
SML <input type="checkbox"/>	SML <input type="checkbox"/>
Other: _____	

Parent/Guardian Signature: _____

Did your child participate in our program last year? Yes No Outdoor Indoor

On a scale of 1-10, how would you rate your child's soccer and Athletic skills: _____

How did you hear about us? Friend Newspaper School Street sign Other _____

Would you like to help? Coach Assist Coach Convenor Sponsor

OFFICIAL - TAX RECEIPT

CASH: _____ CHEQUE # _____ VISA _____ AMOUNT _____ DATE: ____/____/20
Month Day Year

TORONTO AZZURRI CLUB OFFICIAL SIGNATURE: _____