



## Boys Soccer Club Registration Form

### **CHILD'S INFORMATION**

CHILD'S NAME \_\_\_\_\_  
First Name Middle Name Last Name

ADDRESS \_\_\_\_\_ / \_\_\_\_\_  
Street No. Apt #  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City/Town Province Postal Code

CHILD'S TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ AGE: \_\_\_\_\_  
Home

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_\_  
dd mm yyyy GENDER: Male\_\_\_\_ Female\_\_\_\_

### **PARENT AND/OR GUARDIANS INFORMATION**

PARENT OR GUARDIAN NAME

\_\_\_\_\_  
First Name Middle Name Last Name

If different from Member address:

ADDRESS \_\_\_\_\_ / \_\_\_\_\_  
Street No. Apt #  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City/Town Province Postal Code

TELEPHONE (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Business / Cell

**MEDICAL INFORMATION**

FAMILY DOCTOR'S NAME \_\_\_\_\_ TEL (\_\_\_\_) \_\_\_\_\_

Are there any particular medical problems you may be experiencing such as a serious heart condition, blood disorder, immune system disorder or any other serious chronic conditions which NAMF should be aware of?

HEALTH CARD NUMBER \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

In the case of an emergency, NAMF will contact the following person(s) :

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

NAME \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**DECLARATION**

**WAIVER OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT**

By signing this you will waive certain legal rights including the right to bring forth legal action against the North American Muslim Foundation, its director, Staff and volunteers.

I, \_\_\_\_\_, acknowledge that any personal harm or injury that my child may sustain while using the NAMF gymnasium is solely my responsibility and not that of the North American Muslim Foundation. I understand clearly that by signing this form, I take full responsibility of my child's personal safety at all times on the foundation premises.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Application received: \_\_\_\_/\_\_\_\_/\_\_\_\_  
dd mm yyyy

Time Received: \_\_\_\_/\_\_\_\_  
hh mm

Authorized by \_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date