

Age Group: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender: \_\_\_\_\_\_\_\_\_\_ Season: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Coach’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EDMONTON STRIKERS SOCCER CLUB**

**PLAYER REGISTRATION FORM**

**Consent and Release of Personal Information:**

1. To the Team Manager to create and distribute a contact/team list containing the following information: Player Information; Jersey Number; Address; Home Phone Number; Cell Number (s); Parents’ names; email address(s).

2. To the Strikers board or staff to create email distribution list for club information; release player information to EIYSA, ASA, CSA.

3. To allow team and/or individual player picture(s) and video t be displayed on club website. (Names will not be displayed).

I confirm that the information contained in the contact list shall not be released to any person other than the current Team Officials, a current player, identified family member of the players, and/or current members of the Club Executive Board or Staff of the Edmonton Strikers. I also agree, that I , in turn, will not release any of the personal information distributed to me from the team, club or any of the Strikers club personnel, to any persons not affiliated with the Edmonton Strikers Soccer Club as legislated by the Person Information Protection Act and in accordance to the rules and regulations of the Alberta Soccer Association and Edmonton Interdistrict Youth Soccer Association.

I/We agree to all of the above: \_\_\_\_\_\_\_ (initial)

|  |  |
| --- | --- |
| **Date:** |  |
| **Player’s Name:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
| **City:** |  |
| **Postal Code:** |  |
| **Cell Number:** |  |
| **Parent’s Name:** |  |
| **Parent’s Email:** |  |
| **Parent’s Cell:** |  |
| **Other Parent:** |  |
| **Other Parent Cell:** | **REGISTRATION FEE:**Player Fees: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**TOTAL REGISTRATION FEES:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Amount Paid: (Credit, Debit, Cash) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**Balance:** $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Effective in fall 2019 U13-U17 EIYSA players now remain with their respective Club teams for both the ‘Indoor’ and ‘Outdoor’ seasons. Edmonton Interdistrict Youth Soccer Association rules specific to player movement/transfer need to be followed..I/We agree to all of the above: \_\_\_\_\_\_\_ (initial) |
| **Emergency Contact Name & Cell Number:** |  |
|  |  |
|  |  |

**Is your child on any medications (If yes, please list):**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Does Your Child Carry An Epi-Pen? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Medical Disclaimer:** The Edmonton Strikers Soccer Club, their executive, directors, coaches, managers, volunteers, staff and members are not responsible for any injury loss or damage of any kind sustained by any person while traveling to or participating in and all related team activities, including any injury, loss or damage which might be caused by the negligence or gross negligence of the Club.

I/We Agree and sign off to the above stated waiver: \_\_\_\_\_\_ (initial)

**Consent to Emergency Medical Treatment**: I also hereby consent to authorize emergency medical and/or dental treatment that may be necessary for the well-being of my son/daughters during all team activities. I hereby confirm that this is not a power of attorney for person care: **\_\_\_\_\_** (initial)

**Signature of Parent:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Witness:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Refund Policy:** Edmonton Strikers Soccer Club has a no refund policy 7 days after the date on this registration form. A 10% surcharge will be taken off the registration amount if a refund is requested by email to edmontonstrikers15@outlook.com within the 7 day period.

**(Initial) \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I understand that my child may be photographed and/or videotaped by the Edmonton Strikers or an outside organization. I understand that my child’s image may be displayed on the Edmonton Strikers social media accounts or for purposes outside the club by other parents or outside organization: I/We Agree: \_\_\_\_\_ (initial)