TORONTO HAWKS SOCCER CLUB

REGISTRATION FORM 2011-2012 IN DOOR

WWW.torontohawkssoccer.com
EMAIL: info@torontohawkssoccer.com
P.O. BOX 98583
873 JANE STREET
TOR-ON M6N 5A6
(416) 762 6637

Toronto Hawks Soccer Club
Since 1998

PLAYER INFORMATION

Last **Name** | **First Name** | **Gender** Male Female

Street Address | **Apartment Number** | **City of**

Postal Code | **Date Of Birth** (**Day** **Month** **Year**) | **Name of the school player attend**

Family information

Father's name | Mother's name

Father's home phone number | Mother's home phone number

Father's mobile or work phone number | Mother's mobile or work number

Father's Email_____. Mother's Email _____.____.

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Please note if your child has any health problem(s)_____.

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Player soccer experience: beginner_____. Average_____. Above average_____.

How many years have the applicant played soccer? Number Of Years _____ Last Club Registered With. _____

How did you hear from our club?

billboard sign____brochures from school _____ family or friends(name) _____other

If you would like to become volunteer coach of your Child's team you will receive 50 % rebates on your child registration fee.

Please indicate here! YES_____NO_____.

Name | Phone number

Please read and sign

I/we undersigned (parents or guardian) (understand there is potential risk in any sport activity) hereby give my/our consent and agree to release indemnify and hold harmless TORONTO HAWKS SOCCER CLUB (THSC). (the club) the team ,official ,any league or governing soccer association ,the city of toronto and toronto board of education .it's employees ,agents .officers, directors and elected officials from any and all claims, damages, cost and expenses that may be incurred arising from any injury or damages sustained by my child or by me and arising from my child participation in all toronto hawks soccer club program .I/WE understood the club retain the right of the player/team placement ,players may be traded within the club and no special request is guaranteed, I/we undersigned (parents or guardian)hereby grant the toronto hawks soccer club the right to photograph and videotape my child image for reproduction and eventual development and communication (thsc website)use and distribution on its behalf. I grant the THSC and it's agents the perpetual and non-exclusive right to use my child image and name in communication alone or with other image and materials and waive any right to inspect or approve the finished communication .I understand and agree that I will receive no monetary compensation for such use.

Refund request must be submitted in writing .full refund will only be granted for medical reasons (with doctor's note) all other Refund will be subject to $55 administration charge up to sSEP/15 /2011. There is no refund after SEP/15/2011

Notice : all player must wear shin pad and soccer shoes to all games and practice .

I/WE undersigned read and understood and accepted all the policy and condition of toronto hawks soccer club mentioned above

Name of parents or guardian_____. Date_____.Signature_____.

._____.

Office only :Payment cash__.cheque__.Amount paid_____. registered by_____.date____. .

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