

## GIRLS' DEVELOPMENTAL SOCCER LEAGUE

Surname	First Name	
Date of Birth (date/month/year)		Age
School	Grade	Years in Girls' League
Street Address		P.O. Box
Parent's Email Address		
Home Telephone	Bus Phone	Cell Phone
Mother's Name	Work Place	
Father's Name	Work Place	
This information will be used in case Would you be willing to assist on a coregistration, awards ceremony, fund other	ommittee YES NO	If yes, circle preference
Emergency Contact Person (If we can't contact parents)		Telephone
Family Doctor's Name		Telephone
Does your child suffer from any medi- and/or participation in the above state		uld affect her health and welfare
If yes, state condition		
In signing the registration form, the parent/gu the Girl's soccer League and activities and hereby indem damages, costs, proceedings, actions, charges in the even	nifies the coaches and volunter t of accident and/or injury and hereby agrees to permit staff o ler attention to ensure safety, c	the like of any kind or demise, however caused. The f the Girls's Developmental League to perform basic first
Parent/Guardian's Signature		_Date
Please note that in the event of an accident, th care and welfare.	he child may be taken to	the hospital to ensure their immediate safety,
The League starts on 4th October from 2 -	4pm at the Freeport R	Rugby/Soccer Club. Registration is \$30. If

your child has outgrown her soccer boots, please feel free to bring them to the field for us to recycle. Thanks! <u>If you</u> are able to give a donation to assist someone who is not in a financial situation to pay the registration fee, it would be greatly appreciated.