



PLAYER REGISTRATION CARD

Player Name: _____

Birthdate: Day _____ Month _____ Year _____

Hospitalization Number: _____

Team: _____

Association: _____

Players Signature: _____

COACHES PORTION

I hereby certify that the attached information and photo is that of the player seeking registration

Coaches Signature: _____

Association Member Signature: _____

Association Registrar: _____

SASK. SOCCER ASSOCIATION

I/We the parents of _____

Hereby give approval to his/her participation in all activities of the association. I/We hereby waive all claims against organizers, coaches, managers and or supervisors appointed by the association.

Parents/Guardians Signature: _____

Date: _____

Proof of age: Birth Certificate: ___ Baptismal Certificate ___ Hospitalization Certificate ___