



## TECUMSEH RECREATION SOCCER CLUB

The UPS Store, Box 178-13300 Tecumseh Rd, Tecumseh ON. N8R-4R8

[www.tecumsehsoccerclub.org](http://www.tecumsehsoccerclub.org) | [registersoccer@gmail.com](mailto:registersoccer@gmail.com)

# INDOOR FALL & WINTER SOCCER REGISTRATION

Join the excitement of our Indoor Fall & Winter Soccer. Score big on fun with exciting soccer games and create lasting friendships.

Please complete the following registration form.

### Contact Information

Parent/Guardian's Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

### Player Information

Player's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

### Registration Fee: \$150/player

### Insurance and Medical Care Waiver of Liability & Disclaimer:

*To Insure the Tecumseh Recreational Soccer Club (TRSC), accept registration and permit participation in training activities by the named individual, I, the parent/guardian of said individual, hereby give my consent and agree to release, indemnify and hold harmless TRSC, its coaches and representatives from any claim rising out of injury to the named individual. I also hold harmless TRSC, its coaches and representatives from any claim rising out of injuries or conditions caused by or aggravated by my refusal to obtain medical treatment based on religious or philosophical beliefs. Emergency Authorization: I, the undersigned parent/guardian of the participant, a minor, hereby authorize the coaches of TRSC to secure all medical treatment in the event that I cannot be contacted. I further authorize any attending physician to render any and all medical care, which he/she may deem necessary. I, the undersigned parent/guardian of the participant certify that my child is physically fit to attend this training.*

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_