



Birchwood Soccer Schools REGISTRATION FORM

www.birchwoodsoccerschools.com

PLAYER INFORMATION

First Name:

Last Name:

Gender:

Address:

Date of Birth:

Age:

Town/City:

Zip/Post Code:

Email:

Home Number:

Cell/Mobile:

Please ensure your email is correct.

We will use this email address to notify you of any changes.

PROGRAM SELECTION

ELITE

HIGH SCHOOL DEVELOPMENT:

NEXT STEPS:

SUMMER CAMP:

COACHES CLINIC:

GK ACADEMY:

TEAM CAMP:

AFTER SCHOOL CLUB:

1-ON-1:

COMMENTS

PAYMENT INFORMATION

CARD NUMBER :

EXPIRY DATE:

SECURITY CV2:

NAME ON CARD:

AUTHORIZED CHARGE :

BILLING ADDRESS: (Leave blank if same as above)

ACCEPTED CARDS :



Zip/Post Code:

IN CASE OF EMERGENCY

Name:	Relationship to player:	Home Phone:	Work Phone :
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In registering at Birchwood Soccer Schools, participant understands that he/she attending the programs and using Birchwood Soccer Schools facilities does so at his/her own risk. Birchwood Soccer Schools and its owners, employees or agents, shall not be liable for any damage whatsoever arising from any personal injury or loss of property sustained by participant with his/her family in or about any programs on the premises. Participants and parents assume full responsibility for all injuries and damages which occur in or about any programs on the premises, In addition, he/she agree(s) to follow the rules of conduct and play set by Birchwood Soccer Schools. Failure to do so may result in suspension from participation.

I the undersigned parent or guardian/participant hereby grants authority to the staff at Birchwood Soccer Schools to render a judgment concerning medical assistance or hospital care in the event of an accident or illness during my absence. I do hereby authorize Birchwood Soccer Schools and its assigns to utilize any and all photographs, pictures or other likeness of me or anyone assigned guardianship to me, as they see appropriate in all promotional materials or video footage.

Player/Guardian signature:

Date: