



# OLYMPIC FLAME SOCCER CLUB INC.

PHONE/ FAX (416) 289-0395

## 200\_ REGISTRATION FORM

OUTDOOR..... COMPETITIVE..... HOUSE LEAGUE..... INDOOR.....

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PLEASE PRINT

LAST NAME.....FIRST NAME.....

ADDRESS.....APT. #.....

CITY.....POSTAL CODE.....

PHONE # RES: (.....) ..... BUS. (.....) .....

DATE OF BIRTH: DAY ..... MONTH ..... YEAR ..... MALE..... FEMALE .....

BIRTH CERT. # ..... HEALTH #.....

LAST CLUB PLAYED.....

VACATION PLANS .....

MEDICAL PROBLEMS? (MEDICATION TAKEN, ALLERGIES, ETC.) YES..... NO.....

IF YES TO ABOVE, PLEASE EXPLAIN:.....

**REFUND POLICY:** Full refund less a \$50.00 administration cost will be issued BEFORE the season begins. After the first week of play NO REFUNDS WILL BE ISSUED.

**CLAIMS WAIVER: THE UNDERSIGNED PLAYER OR PARENT/GUARDIAN OF THE ABOVE NAMED PLAYER, HEREBY RELEASE THE OLYMPIC FLAME SOCCER CLUB INC. AND THE CLUB OFFICIALS FROM BLAME OR FAULT FOR ANY ACCIDENT ARISING FROM SAID PLAYER'S PARTICIPATION IN THE CLUB'S ACTIVITIES, INCLUDING GAMES, PRACTICES, OR WHILE EN ROUTE TO OR FROM SUCH GAMES, PRACTICES, OR OTHER ACTIVITIES, FURTHERMORE, I AGREE TO ABIDE BY THE RULES AND REGULATIONS OF THE OLYMPIC FLAME SOCCER CLUB INC.**

**BY SIGNING THIS DOCUMENT, I THE PARENT/GUARDIAN OF THE ABOVE NOTED CHILD HEREBY CONSENT TO THE USE OF HIS NAME AND TEAM PHOTO ON THE OLYMPIC FLAME SOCCER CLUB INC. WEB SITE.**

REGISTRATION FEE \$..... CASH..... CHEQUE..... OTHER.....  
(Make cheque or money order payable to Olympic Flame Soccer Club Inc.)

**ANY CHEQUE RETURNED N.S.F. SHALL BE SUBJECT TO A \$30.00 FEE**

SIGNATURE OF PARENT/GUARDIAN .....DATE.....

REGISTRAR'S SIGNATURE.....DATE.....

VOLUNTEERS: COACH..... MANAGER..... TRAINER..... ASSISTANT..... SPONSOR..... OTHER.....