



# AKAL FOOTBALL CLUB

## SOCCER REGISTRATION 2018

### WWW.AKALFC.COM

### akalfc@live.ca

**PLEASE PRINT FORM CLEARLY IN CAPITALS**

Player's Full Name _____		School _____	U ____ Boys ____ Girls ____
Date of Birth: _____ (DD/MM/YYYY)	Care Card # _____		
Dad's Name _____	Mom's Name _____	Emergency Contact _____	
Address _____	City _____	Postal Code _____	
Home Phone # _____	Cell Phone # _____	Email _____	<b>WRITE IN CAPTALS</b>

I authorize Akal FC to use photographs/videos of me/my child for promotional/educational purposes in any type of media, including its website.

**\*\*All participants must comply with Codes of Conduct as per Akal Football Club website**

I, the legal parent/guardian of the above named player confirm that he/she is physically/medically fit/able and I hereby approve his/her participation in all sporting activities and functions of Akal Football Club and acknowledge the fact that these activities may entail unknown and unanticipated risks which could result in various physical and emotional injuries. Therefore, I hereby agree that Akal Football Club, its Committee Members, Coaches, Managers, Players, Referees, Officials, Participating/Assisting Parents and anyone else involved with Akal Football Club will not be held responsible for any accidents or personal injuries that may arise from participating in training, games, tournaments and activities/functions of Akal Football Club.

**2 PRACTICES A WEEK & 1 GAME**

**REGISTRATION FEE: \$200 (FULL UNIFORM INCLUDED) NO REFUNDS**

\*\*I have read all Codes of Conduct and agree to abide to them fully.

**U11 & U12  
PHOTO + COPY  
OF BIRTH  
CERTIFICATE  
REQUIRED**

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2018

## 2018 REGISTRATION RECEIPT **2 PRACTICES A WEEK & 1 GAME**

Player's Full Name: _____		SPRING/SUMMER SEASON	
Amount Paid: \$ _____	<b>REGISTRATION FEE: \$200 (STARTS APRIL 1)</b>		
Cheque # _____	Cash: \$ _____	<b>MINI AKAL ACADEMY 3 &amp; 4 YR OLDS</b>	<b>\$100</b>
Coach's Name _____	Age Group/Team: _____	Gold/ Silver: _____	
Parent / Guardian Signature _____	Akal Administrator _____	Reg. Date: _____	2018 (DD/MM)

**TARA**  
**604-418-6244**



**KULWANT**  
**604-803-0705**