



# AKAL FOOTBALL CLUB

## SOCCER REGISTRATION 2019

[WWW.AKALFC.COM](http://WWW.AKALFC.COM)  
[akalfc@live.ca](mailto:akalfc@live.ca)

**\$200**  
FULL  
SEASON

2 PRACTICES A WEEK (MON & WED) & 1 GAME EVERY SUNDAY

**REGISTRATION FEE: \$200 (FULL UNIFORM INCLUDED)**

Player's Full Name _____		School _____	BOY _____ GIRL _____ U _____
Date of Birth: _____ (DD/MM/YYYY)	Care Card # _____		
Email _____		Parent Name _____	
Address _____	City _____	Postal Code _____	
Home Phone # _____	Cell Phone # _____	Emergency Contact _____	

**PLEASE PRINT FORM CLEARLY IN CAPITALS**

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.

\*\*I have read all Codes of Conduct and agree to abide to them fully. No refunds (except for medical reasons)

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_ 2019

**2019 REGISTRATION RECEIPT**

**2 PRACTICES A WEEK & 1 GAME**

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

Amount Paid: \$ \_\_\_\_\_ **REGISTRATION FEE: \$200** SPRING/SUMMER SEASON (APRIL 1 - AUG 1)

Cheque # \_\_\_\_\_ Cash: \$ \_\_\_\_\_ **MINI AKAL ACADEMY 3 & 4 YR OLDS \$100**

Age Group/Team: \_\_\_\_\_ Level: \_\_\_\_\_

Coach's Name \_\_\_\_\_

Akal Administrator \_\_\_\_\_ Reg. Date: \_\_\_\_\_ 2019  
(DD/MM)

**KULWANT HUNDAL**  
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**CONTACTS**



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