



House League Registration Form

LONDON • ONTARIO

Shirt Size _____ Shorts Size _____

MALE FEMALE

RETURNING PLAYER YES NO

Child's Date of Birth M/____ D/____ Y/____

Child's Name _____

Address _____

Town/City _____ Postal Code _____

Home Phone # _____ Work Phone # _____

Parent Name _____

Email _____ Health Card Number _____

My child has the following conditions and or health risks that may come into play with Physical activity exerted on the field or practice

I would like to volunteer as a coach Y N Requests _____

I would like to volunteer as an assistant coach Y N _____

I would like to sponsor a team Y N _____

WAIVER There is potential risk in training and participating in any sport. P.C.L. has created a safe environment. The P.C.L. House League established rules for participation and proper conduct, on or about the playing fields, will be followed.

I agree to abide by the rules and guidelines set by the P.C.L., Ontario Soccer Association and The Elgin Middlesex Soccer Association.

P.C.L. accepts NO RESPONSIBILITY, and shall not be liable, for any injury, illness, death, damage, loss, accident, expense, delay or other irregularity resulting from a registered member's participation in any activity or use of any of the facilities at P.C.L. or any other activity or use of any of the facilities at P.C.L. or any other outdoor facility that P.C.L. decides to use.

The undersigned Player, Parent and/or guardian will HOLD HARMLESS and assumes full responsibility for risk of bodily injury, death or property damage however caused including the negligence of P.C.L. or any of it's officers, members, directors, employees, agents, servants, coaches and assistants. I have read and understand the P.C.L. waiver of responsibility.

Parent's consenting signature _____ Date _____

Any NSF cheques will have a \$25.00 service charge.

OFFICE USE	
PAID <input type="checkbox"/> Cash <input type="checkbox"/> Cheque # _____	
Date Received _____	Team Name _____
Received By _____	
Amount Paid _____	Uniform Colour _____
Team Sponsorship _____	
TOTAL _____	Number _____