



North Star Soccer club



Player Registration

Please Print

First Name : Family Name : Telephone:

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Address : Town : Postal Code : Cell :

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Father Name: Mother Name:

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dd / mmm / yyy F M Health Card #

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Medical Problems: Yes: No: Allergies: Yes: No:

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Experience Level: None 1-2 yrs 3-4 yrs Name of Last Club:

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North Star Soccer Club is insured by Ontario Soccer Assosiation.

This is the **PARENTS RESPONSIBILITY** to ensure that the player is medically fit, Also, that the player has permission to participate by both parents/ guardians . We reserve the right to refuse or terminate registration of any player when in the best interest of the club or child, at our sole discretion.

REFUND POLICY

No refund will be issued to members who quit after the second practice. please sign that you have recall and understood this information.

Your signature will acknowledge your acceptance of the above conditions to registration of your child.

Parent or guardian _____ Date _____

Name _____ Tel _____ Area of Interest _____