

Roberts Canada Soccer Academy
2023 TRY-OUTS REGISTRATION FORM
May 28th & June 4th – Ages 9 -21

Name: _____

Gender: Male Female

Date of Birth (YYYY/MM/DD): _____

Parents' Names: _____

Address (include city and postal code): _____

Phone #: _____

Email (player & parent): _____

Health Card Number: _____

Medications: _____

Allergies: _____

Injuries: _____

Name and Phone # of Family Physician: _____

Emergency Contact Name and #: _____

I hereby release and forever discharge Roberts Canada Soccer Academy, it's owner, authorized agents, employees and representatives from any and all causes of action, claims, damages, loss, or injuries of every nature and kind, howsoever arising, which I or the participant ever had, now has (have), or may hereafter have as a result of participation in this program. I authorize the provision of emergency medical services to the participant if deemed necessary by a qualified medical practitioner. I authorize Roberts Canada Soccer Academy to use photos or video excerpts of the participants, which may be used for advertising and/or instructional purposes. I certify that I am authorized to sign this release without the consent of any other person, as I am either the player registering and am 18 years of age or older, OR I am the parent/legal guardian of the player whom I am registering.

Player/Parents Signature: _____

Date: _____

ALL PLAYERS MUST BE DRESSED IN OUTDOOR SOCCER SHOES, SHORTS, SOCKS & SHIN GUARDS