



In Partnership PP1

CNFA Community Centre Involvement Pilot Project 1 in GTA

*Players & Volunteers registration form. **Program is free to the community.***

Please print legibly and sign the form at the bottom.

Player Information

Last Name: _____ First Name: _____

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone: _____ Date of Birth: _____ Male Female

Current club affiliation(optional) : _____

Parent or Guardian Information

Father's Name: _____ Phone: _____

Email: _____

Mother's Name: _____ Phone: _____

Email: _____

List of any medical condition/problem player has: _____

Person to notify in emergency: _____ Phone: _____

Doctor to notice in emergency: _____ Phone: _____

Important

I, or the parent/guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Canadian National Futsal Association(CNFA), it's affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with futsal and in consideration for the CNFA accepting the registrant for it's futsal program and activities (the "programs"), I hereby release, discharge and/or otherwise indemnify the CNFA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation I hereby authorize.

Player Signature: _____ Date: _____

Parent or Guardian Signature: _____ Date: _____