

## ANB FUTBOL REGISTRATION AND WAIVER FORM

NAME:	BIRTH DATE:	
Home Address:	Father's Name:	
	Cel. Phone:	
	Mother's Name:	
	Cel. Phone:	
Home Phone:	OHIP #:	
	Family Doctor:	
E-Mail Address:	Phone:	
Emergency Contact:	Relationship:	Telephone:
<p><b>ARE THERE ANY MEDICAL PROBLEMS, WHICH THE COACH OR COMPANY OFFICIALS SHOULD BE MADE AWARE OF IN CASE OF INJURY (E.G. PAST INJURIES, PAST SURGERIES, MEDICAL CONDITIONS, MEDICATIONS, AND ALLERGIES)? PLEASE LIST BELOW</b></p>		

ANB SOCCER INC ASSUMES NO RESPONSIBILITY FOR ANY INJURY, WHICH YOUR CHILD MAY INCUR DURING HIS/HER PARTICIPATION DURING THE TRAINING SESSIONS. IN THE EVENT THAT AN INJURY REQUIRING MEDICAL ASSISTANCE DOES OCCUR, BY SIGNING BELOW, YOU AUTHORIZE THE COACH OR COMPANY OFFICIAL TO ALLOW WHATEVER MEDICAL ATTENTION IS REQUIRED FROM A DOCTOR OR QUALIFIED MEDICAL PERSONNEL AND WAIVE ANY LIABILITY AGAINST SAID COACH OR TEAM OFFICIAL AND ANB SOCCER AND ITS MEMBERS.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_

PAYMENT RECEIVED (\$150 plus GST): \_\_\_\_\_

### **MEDIA RELEASE**

I HEREBY GRANT ANB SOCCER INC OR ANY OF ITS AGENTS, THE RIGHT AND PERMISSION, IN RESPECT OF THE PHOTOGRAPHS AND VIDEO WHICH ANB SOCCER OR ITS AGENTS HAVE TAKEN OF ME OR MY CHILD IN WHICH I / WE MAY BE INCLUDED WITH OTHERS, TO COPYRIGHT THE SAME IN ITS OWN NAME OR OTHERWISE; TO USE, REUSE, PUBLISH AND RE-PUBLISH IN THE SAME IN WHOLE OR IN PART, IN CONJUNCTION WITH ANY PRINTED MATTER IN ANY AND ALL MEDIA NOW OR HEREAFTER.

SIGNATURE OF PARENT OR GUARDIAN: \_\_\_\_\_

DATE: \_\_\_\_\_