



Akala Football Club (www.akalfc.com)

Player Registration

Registration # _____

Player's First Name _____		Last Name _____		Male <input type="checkbox"/>	Female <input type="checkbox"/>
Month: _____	Day: _____	Year: _____	Current Age: _____		
Date of Birth					
Parents: First Names / Last Name _____					
Address _____		City _____	Postal Code _____		
Home Phone # _____		Cell Phone # _____	Email _____		

****All participants must comply with Codes of Conduct as per Akal Football Club website**

I, the legal parent/guardian of the player listed above, acknowledge the fact that my son/daughter's participation in soccer may entail unknown and unanticipated risks, which could result in various physical and emotional injuries. Therefore, I hereby agree that Akal Football Club will not be held responsible for any accidents or injuries to my child that may arise from participating in practices, games, tournaments, and/or any Akal Football Club functions.

**I have read all Codes of Conduct and agree to abide to them fully.

Parent Signature: _____

Office use only

Registration Date: _____	Player Name: _____
Amount Paid: \$ _____	(Registration Fee \$140)
Cheque # _____	Cash: \$ _____
Coach Name _____	Age Group/Team: _____ Gold/ Silver: _____
Parent / Guardian Signature _____	Akal Administrator _____
Date _____	
Memo:	