



# Swan Valley Indoor Soccer

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## **Adult** Player Registration Form

**Team Name:** \_\_\_\_\_  
**Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postal:** \_\_\_\_\_  
**EMAIL:** \_\_\_\_\_

**Risk Statement:**

The risk of injury exists in every athletic activity. Falls, concussions and other incidents may occur and cause injury. Due to the very nature of some activities, injuries may range from minor sprains through serious life threatening conditions. These injuries can result from the nature of the activity and can occur without fault on either part of the participant, other participants, supervisor, etc. Some sports have more serious potential than others. By choosing to participate in the activity, you are assuming the risk of an injury occurring. The odds of injury can be reduced by carefully following instructions at all times while engaged in the activity. The Swan Valley District Recreation Commission attempts to manage as effectively as possible the risk involved for participants while participating in the Swan Valley Indoor Soccer League.

I hereby acknowledge and accept the risk inherent in the Swan Valley Indoor Soccer League and assume responsibility for my personal health, medical, dental and accident insurance coverage.

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Signature

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Date

***Please return with registration fees on or before October 31 to:***

**Swan Valley District Recreation Commission**

Box 1356

Swan River, MB R0L 1Z0

[www.swanvalleyrec.ca](http://www.swanvalleyrec.ca)

Phone: 204-734-3847

Fax: 204-734-5166

E-mail: [svrec@townsr.ca](mailto:svrec@townsr.ca)

**Or Bonnie Hunt**

Box 768

Swan River, MB R0L 1Z0

Phone: 204-734-8691

Email: [bonnielzhunt@gmail.com](mailto:bonnielzhunt@gmail.com)

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**Office use only:**

Contacted Team? \_\_\_\_\_

## Swan Valley Adult Soccer – Registration Form (under 18)

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Child's Name

Date of Birth

Sex

Parent's/Guardian's Name

Parent's/Guardian's Name

Home Phone

Work Phone

Home Phone

Work Phone

Address

Address

### Alternative Emergency Contact

Primary Emergency Contact

Home Phone

Work Phone

Address

### Medical Information

MHSC Number

(6 digit)

(9 digit)

Physician's Name

Phone Number

### Risk Statement

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It is recommended that parents/guardians be aware of the insurance coverage of participants. Some areas to consider might include: accidental death, injury, disability, ambulance, extended health care, dental, etc. Consider using the Student Accident Insurance Plan available by schools to parents at the beginning of the school year.

I/We indicate that our son/daughter has permission to participate in the Swan Valley Indoor Soccer League. I/We hereby acknowledge and accept the risk inherent in Swan Valley Indoor Soccer League and assume responsibility for our son/daughter for personal health, medical, dental and accident insurance coverage.

Parent's/Guardian's Signature

Date

Parent's/Guardians Signature

Date