



Martin Nash Pro D Day soccer camps  
[www.martinnash.ca](http://www.martinnash.ca)

## Player registration Form

Date and Location: \_\_\_\_\_

Registration Fee: \$ \_\_\_\_\_ Cash \_\_ Cheque \_\_

Make Cheques Payable to **Premier Soccer Academy**. - Indicate Player's full name on front of cheque

PLAYER'S LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

POSTAL CODE \_\_\_\_\_

PHONE – HOME \_\_\_\_\_ WORK \_\_\_\_\_

SCHOOL NAME \_\_\_\_\_ GRADE \_\_\_\_\_

EMAIL(mandatory) \_\_\_\_\_

BIRTH DATE \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (month day year)

PREVIOUS SOCCER EXPERIENCE \_\_\_\_\_

Sponsored by:





## Martin Nash Pro D Day soccer camps

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

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### PARENTAL CONSENT AND INDEMNITY AGREEMENT

I consent to the above named player participating in the activities of the Martin Nash Pro D Day soccer camps and acknowledge that there are risks associated with such participation. I release, hold harmless, and agree to indemnify the said Association and its officers, club officials, members and agents from all injury, loss and damage which might be claimed against the said Association or them or any of them or on behalf of the said player and arising directly or indirectly from such participation, including transportation. I give my consent for Martin Nash Pro D Day soccer camps to forward the above information to BC Soccer Association and North Vancouver Recreation Commission as required by those organizations.

### CONSENT FOR MEDICAL TREATMENT - **Medical Information is confidential. Only authorized individuals will have access.**

It is our policy that in the instance a child becomes unwell or needs medical attention that we contact a parent/guardian. If we cannot contact a parent/guardian and we need to get immediate help for the child our procedure is to take the child to the nearest emergency service.

DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

BC CARE CARD NUMBER: \_\_\_\_\_

ALLERGIES? MEDICATION? CAN HE SELF –ADMINISTER? OR ANY PREVIOUS INJURIES?

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MOTHER/GUARDIAN Print \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

FATHER/GUARDIAN Print \_\_\_\_\_ PHONE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHOTO CONSENT: \_\_\_\_\_ YES I GIVE MY CONSENT OR \_\_\_\_\_ I **DO NOT** give my consent to Martin Nash Pro D Day soccer camps to publish photos of the above named player on the website [www.martinnash.ca](http://www.martinnash.ca) Player's names will not be published.

GROUP ASSIGNED (to be completed by martinnash.ca associate only)

Please print this form mail or drop off completed form (**MUST BE SIGNED**) along with payment (cheques payable to **Premier Soccer Academy**) to:



#2- 1480 Marine Drive, North Vancouver  
V7P 1T6

