

Spring 2009
Muqdisho Youth Soccer Registration
1705 Weston Road Unit 2
Phone: (416) 432-5885
Phone: (416) 357-5133
Fax: (416) 243-3383
www.muqdishofc.com
Muqdishofc@hotmail.com



APPLICANT INFORMATION			
Name:	Date of birth:	Health Card Number:	Sex
			M F
Grade in School:	School Name:	PHOTO PHOTO	
Current address:			
City:	Province:		
Postal Code:	Phone:		
Father's Name:	Mother's Name:		

Jersey Size: YS / YM / YL / S / M / L / XL

Shorts Size: YS / YM / YL / S / M / L / XL

Permission to Play / Hold Harmless

I, the parent or guardian of the minor registrant, agree that the registrant and I will abide by all the rules of the Muqdisho Football Club, recognizing the possibility of physical injury associated with soccer and in consideration for the "League" accepting their registrant for its soccer programs and activities "Programs".

I hereby release, discharge and/or otherwise indemnify their employees and associated personnel and volunteers including Muqdisho Football Club 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 sponsored activities which transportation I hereby authorize.

I have read the cancellation policy and agree to its terms.

Name: _____

Signature: _____

Date: _____