



# British Columbia Soccer Association

Associate Member League

Player Registration & Insurance Application

# 2008

**Please Print Clearly**

LEAGUE

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TEAM

---

Previous Team/League

---

Player's Surname

---

Player's First Name

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Address

---

Street / Box

City

Postal Code

Date of Birth

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Day / Month / Year

Phone Numbers

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Home

Cell

Work

Email Address

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I, the applicant, on behalf of myself, members of my family, my heirs, executors, administrators and assignees, hereby forever release, discharge and hold harmless the British Columbia Soccer Association and the representatives and agents for any injury, loss or damage to my person or property howsoever caused, arising out of or in connection with my taking part in soccer activities, and notwithstanding that the same may have contributed to or occasioned by the negligence of the British Columbia Soccer Association or their representatives or agents.

I voluntarily agree to abide by the Rules, Regulations and Bylaws of the Canadian Soccer Association and its affiliates.

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Signature

Date

Acceptance of this application by an authorized BCSA Administrator acknowledges registration and insurance coverage by the BCSA on one team for the current playing season.

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League Authorization

Date