



2017 FUTSAL REGISTRATION FORM

Multicultural Association of Fredericton
28 Saunders Street, Fredericton, NB, E3B 1N1
Ph (506) 454-8292 • Fax (506) 450-9033 • www.mcaf.nb.ca



PLAYER

Player Name: _____

Address (Street and/or Apt): _____

City: _____ Prov.: _____ Postal Code: _____

PARENTS/GUARDIANS

Mother's Name: _____

Home #: _____ Work #: _____

Cell #: _____

Father's Name: _____

Home #: _____ Work #: _____

Cell #: _____

E-Mail Address: _____

(NOTE: Used to send ALL communication from MCAF office).

Special Request (8U-10U only) – ONE request per child – No special request for Youth (12U-18U)

Can you provide transportation or drive your son or daughter to the games? Yes No

Equipment and Injury Waiver / Privacy Policy

I will not hold the Multicultural Association of Fredericton (MCAF) responsible for any injury sustained by my child/ward while engaged in playing soccer (including practices) or while traveling to or from games and practices. In appreciation of the loan to my child of any special equipment, including shirts and shorts used in connection with participation, I hereby agree to replace any equipment lost or destroyed by my child/ward while said equipment is entrusted to his/her care. I understand that the player named herein will be required to abide by the rules and by-laws of the MCAF.

The personal information collected herein by the MCAF will be used for the purpose of registration for MCAF activities and to enable MCAF to communicate with such parties. This information may be shared only with specific third parties, such as Soccer New Brunswick and the City of Fredericton, that are directly involved in MCAF activities and only when required to facilitate that involvement. It will not be shared or sold to third parties not directly involved in MCAF activities, except where required to do so by law.

The participant and his/her parent or legal guardian hereby consent and authorize MCAF to use the name, image, voice, likeness, biography or any similar personally identifiable identification of the participant in any and all media now known or hereafter for advertising, publicity, instructional or any other purposes in connection with MCAF, without compensation to, or right of prior review or approval by, the participant or his/her parent or legal guardian (to the extent permitted by law).

Date: _____ **Signature (Parent or Guardian):** _____

FOR OFFICE USE ONLY

Age Level/Gender: _____

Year: _____

Total: \$ _____

Discount: \$ _____

Total Paid: \$ _____

Male Female

Birthday: _____ / _____ / _____

Day (DD) Month (MM) Year (YYYY)

Medicare No.: _____ - _____

(Necessary in case of emergency)

Does your child have a medical condition that the coach should be aware of?

Yes No If yes, please identify:

Futsal..... \$40.00

Method of Payment:

Cheque Cash Debit Credit

VOLUNTEERS

The association always needs coaches and volunteers for its programs. We would very much appreciate your involvement. Please indicate your willingness by completing the following:

I (Name), _____

am interested in volunteering for the following: Age Group: _____ as a Coach Asst. Coach Helper

Tel.: _____ E-Mail: _____