



Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh

Bld. 1, 7201 Vedder Road, Chilliwack

Telephone: 604-858-0113 | Toll Free: 1-800-663-9393 | Fax: 604-824-2518

Soccerpalooza

Registration Form

July 6, 9 am - 3 pm

Location: Tzeachten Field, 46770 Baily Road, Chilliwack

Participant Information

NAME (FIRST AND LAST):		PHONE NUMBER:	EMAIL:
ADDRESS:		CITY:	POSTAL CODE:
ALLERGIES/MEDICAL CONCERNS:			
ABORIGINAL STATUS:			
<input type="checkbox"/> Status		<input type="checkbox"/> Non-Status	<input type="checkbox"/> Métis <input type="checkbox"/> Other
RESERVE			
<input type="checkbox"/> On Reserve		<input type="checkbox"/> Off Reserve	
Soccer Skill Level			
Beginner		Recreational	League
Shirt Size		Medical Concerns/Allergies?	

Emergency Contact Info

NAME:		PHONE NUMBER:	EMAIL:
ADDRESS:		RELATIONSHIP TO PARTICIPANT:	

Waiver/Release:

I agree that I will follow all reasonable instructions and directions of the staff duly appointed by Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh in connection with the operation of the above named program.

I hereby release, remise and forever discharge the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh, its agents or volunteers, of and from all manner of action, cause of actions, claims and demands of whatever nature which result from any accidental injury, loss or expense sustained, arising out of or in any way connected with participation in any program or attendance at any location operated by the Fraser Valley Aboriginal Children and Family Services Society-Xyolhemeylh.

In the event that I am injured, ill or in need of medical attention, I authorize the Fraser Valley Children and Family Services Society-Xyolhemeylh staff to seek medical attention on my behalf.

Signature: _____

Date: _____