



Valley Warriors - Special Soccer Prgm

REGISTRATION 2019 - FEE - \$50.00

MAIL TO: Jerry Novack – 126 Pembroke St. W. Pembroke, ON K8A 5M8
Phone: 613-732-9423 Fax: 613-735-4348 Email: info@valleywarriors.ca
Website: www.valleywarriors.ca

Player's Name: _____ Email Address: _____

Parent/Caregiver Name(s): _____

Address: _____ Town/City: _____ Postal Code: _____

Date of Birth: Day ___ Month ___ Year ___ Home Phone #: _____ Cell #: _____

Emergency Contact Name & Phone # (if different from above): _____

****Medical information for all players must be provided each season even for returning players****

In order to better understand the specific needs for each player, we are asking for a brief medical history and diagnosis. Please elaborate if the above-mentioned player has a medical history, any health concerns/medications/allergies that we should be aware of. Seizures: Yes ___ No ___ Asthma: Yes ___ No ___
Please give details below:

NOTE: For players with Down Syndrome: Test results for Atlanto-axial-dislocation: Positive ___ Negative ___

IMPORTANT: Is a Player Support Plan required to assist coaches, trainers and on-ice volunteers? Yes ___ No ___
Did you provide one? Yes ___ No ___

THE VALLEY WARRIORS IS RUN SOLELY BY VOLUNTEERS. SUCCESS DEPENDS ON YOUR WILLINGNESS TO PARTICIPATE. WOULD YOU BE WILLING TO ASSIST WITH ANY OF THE FOLLOWING DUTIES IF ASKED?

Equip. Manager ___ Volunteer Coordinator ___ Assist on Field ___

Name of Volunteer: _____

I understand that in the event of an injury requiring medical treatment as deemed by a Doctor, power of consent for the deemed treatment is granted to a Valley Warriors Coach, Asst. Coach, Trainer or Executive Member. I also give my consent to have the above-mentioned information passed along to our coaches/trainers, support staff and volunteers.

Signature Required: _____ Date: _____
Player Signature (if over 18 or able) OR Parent/Guardian

Please make all cheques payable to The Grind Pembroke (\$50)

Date Registration Received: _____ Amount: _____ Chq #: _____ Cash: _____

Other Notes regarding registration: _____

The Valley Warriors will do everything possible to ensure that every interested player is afforded the opportunity to play soccer. Please contact us if registration fees are an issue due to financial constraints, we may be able to offer suggestions regarding sources of funding. **THANK YOU!**

The Valley Warriors is a registered charitable organization – Registration #763530896 RR001.