



Vancouver Girls Soccer Association

www.vgsa.ca

Tel: 604-454-1184

Fax: 604-323-2673

Early Registration/Membership Form 2008/09

Player ID - _____

Player Information

Player Name - _____

Player Address - _____

Player Phone # - _____ Player E-mail - _____

Player Age - _____ Player Birth date (mm/dd/yyyy) - _____

Previous Club/Team/Division - _____

Previous Coach - _____ New Player - _____

Mother / Guardian - _____ Mother Phone - _____

Father / Guardian - _____ Father Phone - _____

Team Placement Request - _____

Fees - please check & total

U12 and under - \$150 - _____

U13 to U18 - \$175 - _____

Non-volunteer Charge \$30 - _____

TOTAL - \$ _____

Check payable and to be sent to VGSA, C/O 3079 West 43rd Ave., Vancouver BC V6N 3J4

Interested in Volunteering

Volunteer as Coach - _____ Volunteer as Asst. Coach - _____ Volunteer as Manager - _____

Volunteer as Exec Member - _____ Volunteer as Committee - _____ Volunteer other - _____

Disclaimer

I consent to the above named player participating in the activities of the Vancouver Girls Soccer Association and acknowledge that there are risks associated with such participation. I release, hold harmless, and agree to indemnify the said Association and its officers, club officials, members and agents from all injury, loss and damage which might be claimed against the said Association or them or any of them or on behalf of the said player and arising directly or indirectly from such participation, including transportation. I give my consent for Vancouver Girls Soccer Association to forward the above information to affiliated parent organizations as required by those organizations.

Signature _____ Date _____

*****FOR CLUB USE ONLY*****

Season _____ Registration Fee _____ Payment Method _____

Adjustment'(s) _____ Received by _____ Amount Paid _____

Division _____ Team _____