

KELOWNA WOMEN'S SOCCER LEAGUE

In Association with *British Columbia Soccer Association*Player Registration & Insurance Application

2020

PLEASE PRINT CLEARLY

TEAM NAME						
RETURNING PLAYER		PLAYER**	COACH			
		-	5 110			
•	answer the followi		Mant was and			
				t year of play: 		
For returning player	s only: Have you	changed your name	? Yes** No			
If yes, what na	ame were you pre	viously registered un	ider:			
		of these boxes, yons will not be proc			card and will need to n submitted.	
NAME						
	FirstName		Last Name			
ADDRESS	Number	Street		City	Postal Code	
DATE OF	Number	Street	PRIMARY	City	Postal Gode	
BIRTH	Month / Do	/ Yeer	PHONE #	-		
	Month / Da	ıy / Year				
EMAIL ADDRESS						
harmless the British Colu caused, arising out of or it	mbia Soccer Association on connection with my ta British Columbia Soccel	on and the representatives iking part in soccer activition r Association or their repre	and agents for any injuies, and not withstanding	ry, loss or damage that the same ma	by forever release, discharge and eto my person or property howson ay have contributed to or occasion abide by the Rules, Regulation	oever ioned
			_			
Player Signature				te (month/day/yea	ar)	
	plication by an author	Only rized BCSA Administrat e current playing seaso		stration and insu	Reminder: Inclu HIGH quality ID p	
League Authorizatio	n		Date	е		}
BC Soccer ID Number KWS			ONumber		\	/
Extra Player Reç	gistration	Refere	nce#	_	3.5 cm (1.5 in) r ×2.5 cm (1 in) w	

Note * This Registration, once completed, will be kept on file with the Kelowna Women's Soccer League unless requested by BC Soccer Association, at which time it may be sent to the BCSA office.