

SSB FC

Membership Form

Child's Surname:	_____	First Name	_____
Address	_____		

Post Code	_____	Members Mobile	_____
		(optional)	
Date of Birth:	_____	Place of Birth:	_____
School:	_____	E: Mail	_____
		(optional)	

Parent/ Legal Guardian's Name:	_____		
Telephone (home)	_____	Telephone (mobile)	_____
Parent's Email :	_____		
(optional)			
List any medical problem or prohibition that the child has:	_____		

Secondary person to notify in case of emergency	_____	Telephone:	_____
Doctor to notify in emergency	_____	Telephone:	_____
(optional)			

Important

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Singh Sabha Barking Football Club, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the Singh Sabha Barking Football Club accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the Singh Sabha Barking Football Club, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Name _____
Parent/Legal Guardian (please print)

Signature X _____