

Innisfil Soccer Club

1000 Innisfil Beach Road, P.O. Box 10038
Alcona Beach



Innisfil, ON L9S 4Y7

Please complete one (1) application per player

Please forward your completed registration form to: david@innisfilsoccer.ca

Player Information:

First / Last Name: _____

Birth Date: _____ Gender: _____

Address: _____

City: _____ Postal Code: _____

Cell: _____

Email: _____

Current Team / Club: _____

Current League / Division: _____

Position Played: _____

Please ensure your email is correct.

Please print applicable age/gender:

Boys: 2012/13 2010/11 2009 2008 2007 2006 2005 2004 2003

Girls 2012/13 2010/11 2009 2008 2007 2006 2005 2004 2003

Waiver:

I hereby give permission for my child to participate in the Innisfil Soccer Club's (ISC) ID/ trials. I understand that the purpose of these tryouts is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for with ISC for the 2020-21 season.

By signing, below, I acknowledge that my son/daughter is in excellent physical and mental health which will allow him/her to participate in the soccer tryouts and I accept all liabilities due to injury which may occur while my son/daughter participates in the soccer tryouts.

Parent/Guardian Signature: _____ Date: _____

Please submit registration form to david@innisfilsoccer.ca