



INSERT COPY OF MEDICARE HERE

Quebec Recreational Soccer Leagues

Player Registration

Name:		Team:	
Address:		Postal Code:	Do you live in R.D.P.?
Email: (Print clearly)			
Health Concerns?		Medicare Number:	
Home Phone:		Cell Phone:	Age:
Emergency Contact person:		Emergency Contact number:	
Workplace:		Occupation:	Phone number:
Want to sponsor? On the website? Our Family Day? On the field?		What? Money? Items? (Different incentives for different amounts/items)	
WAIVER: I consent to any first aid procedures or decisions made by the QRSL organization. The QRSL organization is not responsible for any stolen items, accidents or personal injury and is exempt of any liabilities that may occur during game play. I am solely responsible for any damaged, lost or stolen items belonging to the facilities that I am using for regular play. I am fully responsible for any misbehavior and consent to wave the QRSL organization of any liabilities.			
Signature:		Date:	

QRSL TEAM: GENNARO: 514-269-4606 SANDRO: 514-680-4261 THEO: 514-928-7676