



www.viewestsoccer.com

3255 Tennyson Ave
Victoria, BC, V8Z 3P4

Soccer Registration Form

First Name _____ **Last Name** _____

➤ Address _____

➤ _____ Date of Birth _____
mm dd yy

➤ Phone # home _____

➤ Phone # Work _____

➤ Cell phone # _____

➤ E-mail Address _____

➤ Previous Team _____ Care Card# _____

Emergency Contact(s)

Contact Person _____

Relationship[_____

➤ Phone # home _____

➤ Phone # Work _____

➤ Cell phone # _____

➤ E-mail Address _____

Medical Information

Family Doctor _____

➤ Phone # _____

Allergies _____

Medications _____

Player Signature _____

Please attach a cheque Payable to Vic West Soccer in the amount of \$ _____