



Registration Form

Player Information

Name: _____ Telephone: (_____) _____

Address: _____ City: _____ Postal Code: _____

Birth date: _____ Email Address: _____
(Month / Day / Year)

Previous Home Club: _____ BCSA - YSID#: _____

Emergency Contact Information

Name: _____ Telephone: (_____) _____

Medical Issues

Please list any medical conditions (including allergies) that KU should be aware of.

1. _____

2. _____

The Fine Print

Once a player has been selected to play for Kelowna United, a non-refundable \$200 deposit is required to secure their spot. Please make your cheque payable to Kelowna United Football Club.

You agree that you are the parent and/or legal guardian of the player and you are aware and agree to the expenditures of time and money that are involved in the player's participation in this program. You consent to the player participating in this program and agree to exempt COYSA, Kelowna United Football Club and its representatives from any liability for accidents, injury or other that may occur as a result of the player being part of the Kelowna United Football Program.

Parent/Guardian Name (please print): _____

Signature of Parent/Guardian: _____ Date: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

Mailing address (if different from above): _____

Email address: _____

For Office Use Only

Amount Paid: _____ Date: _____ Cheque #: _____ Team: _____