

**Scrimmageville Sign Up – Have Fun!!**

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Club: \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Address: \_\_\_\_\_

Town: \_\_\_\_\_ Postal Code/ Zip: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

**Waiver:** I give permission for my child to participate in soccer at Scrimmageville Soccer sessions. I understand that soccer is a contact sport and there is a risk for injury through participation. I waive legal action or medical expenses upon the school/park management and instructors should an injury occur. This also certifies that in case of injury or sickness that \_\_\_\_\_ has my permission to be treated as required at the nearest medical facility. I also verify that my son or daughter is up to date with his or her immunizations. Please list all allergies and limitations.

\_\_\_\_\_  
Name in Print

\_\_\_\_\_  
Signature (Parent or Guardian)

\_\_\_\_\_  
Family Doctor

\_\_\_\_\_  
Telephone

Please Mail To:

**Scrimmageville  
Carrie Serwetnyk  
PO Box 128  
1917 West 4<sup>th</sup> Avenue**

**604-551-7006  
508-277-0875**

[scrimmageville@yahoo.com](mailto:scrimmageville@yahoo.com)

[www.scrimmageville.com](http://www.scrimmageville.com)