



Bruderheim Minor Sports Association

Box 54, Bruderheim, AB T0B 0S0

Hockey Soccer T-Ball

Players Name: _____

First Last

Birth date: _____ Age as of Today: _____

Street Address: _____

Phone Number: _____ Level of Play: _____

(ex. Initiation, Atom, U4)

E-Mail Address: _____

Medical Consideration: _____

Family Doctor: _____ Phone Number: _____

Fees: _____ Total \$: _____

Received Volunteer Info: Yes No

The Bruderheim Minor Sports Association is a non-profit organization dedicated to providing youth with a solid sports program. As such, we depend on volunteers to help run our programs and would ask that you indicate whether or not we can call on you to help. Please check:

Coach Asst. Coach Other (Please specify)

That in consideration of registration being accepted, I hereby for myself, my heirs and administrators, waive and release all rights and claims for damages that I may have against the Bruderheim Minor Sports Association for any injuries sustained by the above registrant.

Parent or Guardian: _____
Print Signature

Date: _____ MSA Official: _____

NOTE: This is your official receipt; no other receipt will be issued.