



YUKON SOCCER ASSOCIATION
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WESTERN CANADA SUMMER GAMES 2011

I.D. Camp Registration Form

NAME: _____

ADDRESS: _____ P. CODE: _____

HOME PHONE: _____ WORK PHONE: _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: month: _____ day: _____ year: _____

LENGTH OF TIME LIVED IN THE YUKON _____

YEARS PLAYED SOCCER: _____

ANY MEDICAL/PHYSICAL CONCERNS THE COACHES SHOULD KNOW ABOUT:

PARENTS NAMES: _____

HOME PHONE: _____ WORK PHONE: _____

PARENTS EMAIL ADDRESS: _____

I, the undersigned hereby absolve Yukon Soccer Association and any persons officially connected with the 2011 Western Canada Summer Games I.D. Camps of any liability for injury or damages whatsoever arising from my participation in the tryouts. I am not aware of any illness or disability, which should prevent me from participating in these tryouts.

Participant signature

Parent/Guardian signature