

ASANTE SOCCER ACADEMY

415 Oakdale Road, Unit 216. Toronto, ON. M3N 1W7 Tel: (647) 881-9179 www.asanteacademy.com

DIVISION

2021 HOLIDAY FINISHING CAMP REGISTRATION FORM

Player's Last Name	 First Name				
ridyer 3 Last Name	Tirst Name	111111	uu y	'	
Address			_ Apt#		
City:	Postal Code:				
Home Tel:	Bus Tel:				
Email (print clearly):					
Health Card #	Medical Conditions / Allergies (p	lease specify)		
of Asante Soccer Academy, the Onta my child being publicized, filmed, au understand the registration rules put acknowledge the content of the fron NSF CHEQUE POLICY	or this ASA at practice, games or events. For safe worn at all times during play and practice ario Soccer Association (www.soccer.on.ca) and addio taped, photographed, interviewed by employablished by the Ontario Soccer Association and I and reverse side of this form. The all cheques rejected by your bank as "Non-Suffice words are all cheques rejected by your bank as "Non-Suffice words are all cheques rejected by your bank as "Non-Suffice words are all cheques rejected by your bank as "Non-Suffice words are all cheques rejected by your bank as "Non-Suffice words are words and practice words are words are words and practice words are	es. I agree to a the North York s yees, agents or agree to release	bide by the rule Soccer Associati servents of ASA , indemnify, aut	es and regulations ion. I consent to A. I have read and	
HOLIDAY SESSION (4 DAYS) December 20, 2021 - December 23, 2021 11am-2pm \$195.00 for 4 days		LOCATION: GTA SOCCER CLUB 30 Corstate Ave. Vaughan, ON.			
Parent / Guardian Name	Parent / Guardian Signatu	re	Dat	:e	
How did you hear about us? Would you like to volunteer?	Friend ☐ School ☐ Street Sign ☐ YES ☐ NO ☐	Internet [□ Other		
SHIRT SIZE	OFFICIAL - TAX RECIEPT				
YTH XLRG ☐ Adult XLRG ☐	CASH CHEQUE#	<u> </u>	AMOUNT_		
MED ☐ MED ☐ SML ☐			dd / mm ,	/ yyyy <u>/</u>	
XSML Other	Asante Soccer Academy Official Sign	ature	Date		