



**OTTAWA HELLENIC ATHLETIC ASSOCIATION (O.H.A.A.)**  
**2012 ADULT INDOOR SOCCER - REGISTRATION FORM**

MUST BE RETURNED BEFORE PLAYER CAN PARTICIPATE

**PLAYER INFORMATION:**

Player First Name: \_\_\_\_\_ Player Last Name: \_\_\_\_\_

Sex: \_\_\_\_\_ Birth date (dd/mmm/yyyy): \_\_\_\_\_

Home Address : \_\_\_\_\_ City: \_\_\_\_\_

Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Please indicate any medication, health, behavioural or allergy problem that the club should be aware of:

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THE OTTAWA HELLENIC ATHLETIC ASSOCIATION (O.H.A.A.) AND ITS REPRESENTATIVES ARE NOT RESPONSIBLE FOR ANY INJURIES INCURRED BY A PLAYER DURING ANY O.H.A.A. ACTIVITIES SUCH AS REGULAR / PRACTICE / EXHIBITION / TOURNAMENT GAMES UPON SIGNING OF THIS DOCUMENT. THE PLAYER OR PARENT, IF THE PLAYER IS UNDER 18 YEARS OF AGE, SHALL TAKE FULL RESPONSIBILITY FOR ANY INJURIES SUFFERED BY SAID PLAYER WHILE PARTICIPATING IN O.H.A.A. ACTIVITIES.

Signature: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

**FEE: \$40**

**PAYMENT IS REQUIRED AT THE TIME OF REGISTRATION**  
Please make cheques payable to O.H.A.A.