

# Whitby Iroquois Soccer Club

695 Rossland Road West, Whitby, ON L1R 2P2

**Please complete one (1) application per player**

Please forward your completed OPDL registration form to: [hp@whitbysoccer.com](mailto:hp@whitbysoccer.com)

**Player Information:**

First / Last Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Gender: \_\_\_\_\_

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

City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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

Current Team / Club: \_\_\_\_\_

Current League / Division: \_\_\_\_\_

Position Played: \_\_\_\_\_

Please ensure your email is correct.

**Please check applicable age/gender:**

Boys:      2007     2006     2005     2004-2003

Girls:      2007     2006     2005     2004-2003

**Waiver:**

I hereby give permission for my child to participate in the Whitby Iroquois Soccer Club's (WISC) OPDL trials. I understand that the purpose of these tryouts is to evaluate my child's soccer skills in order to determine which team, if any, he or she will qualify for with WISC for the 2019-20 season.

By signing, below, I acknowledge that my son/daughter is in excellent physical and mental health which will allow him/her to participate in the soccer tryouts and I accept all liabilities due to injury which may occur while my son/daughter participates in the soccer tryouts.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please submit registration form to [hp@whitbysoccer.com](mailto:hp@whitbysoccer.com)**

Tel 905.668.2009    Email [hp@whitbysoccer.com](mailto:hp@whitbysoccer.com)  
 Fax 905.666.2431    Web [www.whitbysoccer.com](http://www.whitbysoccer.com)