



Proud home of the Toronto Winged Bull & the Lamassu Soccer Academy

APPLICATION FORM: Please Ensure All Information Is Complete and Accurate
(Please print clearly)

SECTION 1: APPLICATION INFORMATION

Name:	_____	Birth Date (dd/mm/yyyy):	_____ / _____ / _____
Gender:	_____	Address:	_____ Apt: _____
City:	_____	Province:	_____ Postal Code: _____
Name of Parent/Guardian:	_____		
Tel (Home):	_____	Email:	_____
Tel (Cell):	_____	Facebook:	_____

SECTION 2: Applicant's History

Years played Organized Soccer:	_____	Position:	_____
Previous Team/Club/Academy:	_____		
In Case of Emergency, contact:	_____	Tel:	_____
Doctor:	_____	Tel:	_____
Allergies:	_____	Health Number:	_____

SECTION 3: Applicant's Declaration

I _____, hereby grant _____ full permission to play for the AAC of Toronto, with the full understanding that participation includes representing the AAC of Toronto in the Metropolitan Toronto area as well as outside, as required by the team and the league. I also understand that the registration fees does not include medical insurance coverage and agree to release the AAC of Toronto from and its members from any claims arising from injuries incurred by the applicant while playing for the club.

I ALSO AGREE TO ABIDE BY THE RULES AND REGULATIONS AND DECISIONS OF THE AAC OF TORONTO.

Signature:	_____	Date:	_____
Club Approval:	_____	Name & Date:	_____

SECTION 4: Club Use Only

Application Received By:	_____	Date (dd/mm/yyyy):	_____ / _____ / _____
Approved (Yes/No):	_____	Reason for Not approval:	_____
Payment(s) Received:	_____	Season (Winter/Summer):	_____ Year: _____
Name of Parent/Guardian:	_____		
Tel (Home):	_____	Email:	_____
Tel (Cell):	_____	Facebook:	_____

If you wish to volunteer for coaching, managing a team, sponsoring a team or for any other information, contact us at:
(416) 837-8887 or torontoaac@hotmail.com

(All personal information is secured and protected and will not be used for any other propose then reference to the application above)

