



# Turbo Chinese Community Centre

## 飛揚體育會

### Turbo Soccer Charity Cup 2009

#### INDIVIDUAL APPLICATION

Name: \_\_\_\_\_ Chinese Name: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ (MM) / (DD) / (YYYY)  
Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_  
City: \_\_\_\_\_ Prov: \_\_\_\_\_ Postal Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_  Member /  Non-Member  
Parent's/Guardian's Name: \_\_\_\_\_ Relation: \_\_\_\_\_  
Contact No: (Home) \_\_\_\_\_ (Mobile): \_\_\_\_\_

#### STUDENT MEDICAL INFORMATION

Health Card No.: \_\_\_\_\_ Name on Card: \_\_\_\_\_  
Family Doctor: \_\_\_\_\_ Tel No.: \_\_\_\_\_  
Allergies/Special Care: \_\_\_\_\_

#### EMERGENCY CONTACT PERSON

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_  
Relation: \_\_\_\_\_

I hereby give permission for my child to participate in the camp held by Turbo Chinese Community Centre, and receive any emergency treatment if necessary. I hereby release and forever discharge the Turbo Chinese Community Centre from all actions, damages, claims and demands whatsoever arising by reason of participation in the activity. **I have read, understood and agreed to the contents of this consent in its entirety.** All participants must follow coaching staff's instructions.

Fee: \$20  
Donation to Mon Sheong Foundation: \$ \_\_\_\_\_

**Total Payment:** \$ \_\_\_\_\_  Cash  Cheque

\*Please make cheque payable to: **Turbo Chinese Community Centre**  
Mail to: P.O. Box 26590, 5000 Hwy 7 East, Markham, On., L3R 0M4.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Parent/ Guardian's Name:** \_\_\_\_\_

**Turbo Chinese Community is run by volunteers.** Please indicate below how you can help.

Sponsor  Coach  Referee  Volunteer

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_