

TORONTO PREMIER FUTSAL LEAGUE

REGISTRATION FORM - 2025-2026

85 Spears St, York, Ontario, Canada, M6N 3X6

registration@torontopremierfutsal.com | Phone: 416-882-8509



TEAM INFORMATION

CLUB NAME:	
TEAM NAME:	
BIRTH YEAR OF TEAM:	
GENDER OF TEAM:	

CONTACT INFORMATION

HEAD COACH:	
TELEPHONE:	
EMAIL:	
MANAGER:	
TELEPHONE:	
EMAIL:	

TEAM WAIVER ACKNOWLEDGEMENT

As the Team Representative registering my team to play in the TORONTO PREMIER FUTSAL League, I acknowledge that I am responsible for all requirements as defined in this team information package and application form, and all team players and team officials will abide by the rules and regulations of the TORONTO PREMIER FUTSAL League and the individual rules of each of the facilities. In consideration of the right to participate in the league, I agree to assume all risks and release, indemnify and hold harmless Toronto Premier Futsal Inc., directors and employees from all liabilities, causes of actions, claims, demands, changes and damages of every kind which may arise out of my participation in activity in the league.

I, _____, have read and agreed to the above.

Coach or Manager (Print name)

Signature _____ Date _____