

2018 PLAYER REGISTRATION FORM

Please fill in player information section as completely as possible.

GIVEN NAME: _____ MIDDLE INITIAL: _____ SURNAME: _____

BIRTHDATE: YYYY _____ MM _____ DD _____ SEX: _____ MCP: _____

ADDRESS: _____ CITY: _____ POSTAL CODE: _____

TELEPHONE (HOME): _____ CELLULAR: _____ EMAIL: _____

FAMILY DOCTOR: _____ TELEPHONE: _____ T-Shirt Size: _____ (Youth Sizes)

DOES YOUR CHILD CARRY OR REQUIRE AN EPIPEN OR OTHER LIFESAVING SERVICE? _____

DOES YOUR CHILD SUFFER FROM ANY ALLERGIES OR OTHER MEDICAL CONDITION? _____
IF YES, DESCRIBE _____

Program Selection				
Age	Program	Practice Days	Time	Selection (please check)
3-4	Mini Kicks	Tuesday & Thursday	6:00pm-6:45pm	
5-6	Grass Roots	Monday & Wednesday	6:00pm – 7:00pm	
7-8	8 and Under	Monday & Wednesday	7:00pm – 8:15pm	
9-10	10 and Under	Tuesday & Thursday	7:00pm – 8:15pm	

Note: Must be the required age by December 31, 2018

****PLEASE NOTE: The schedule is subject to change pending registration numbers.**

This section must be completed by Parent(s) / Guardian(s)

MOTHER: _____ TELE. (WORK): _____ EMAIL: _____

FATHER: _____ TELE. (WORK): _____ EMAIL: _____

IN CASE OF AN EMERGENCY CONTACT: _____ TELEPHONE: _____

Volunteers: Do you wish to coach a team during this program? Yes: ____ No: ____

Name of Volunteer _____ E-Mail _____

WAIVER: I/we give permission for our son/daughter to participate as a registered player with the CBC Summer Soccer Program. I/we understand that the association and its representatives will not be held liable for any loss, accidents or injury incurred during your son/daughters participation in soccer activities or traveling to or from practice or games.

Your child's photo may appear on our web site, social media sites or other mediums for the purpose of club exposure and/or player and team recognition. Do you object? Yes _____ No _____

THERE WILL BE NO REFUNDS AFTER JULY 9, 2018 without a Doctor's note: Initial: _____

Parent / Guardian Signature: _____

Date: _____