



Registration Form

CBMSA 2018 Fall to 2019 Summer Sessions

email info@cbmsa.ca

web www.cbmsa.ca

facebook <https://www.facebook.com/CornerBrookMinorSoccer/>

Registration Season	2018 Fall <input type="checkbox"/> 2019 Winter <input type="checkbox"/> 2019 Spring <input type="checkbox"/> 2019 Summer <input type="checkbox"/>		
Summer Field (U4/U6 Only)	Eastside Field <input type="checkbox"/> Atlantic Field <input type="checkbox"/> Curling Field <input type="checkbox"/>		
Did you register in 2018?	Yes <input type="checkbox"/> No <input type="checkbox"/> If No! complete all including DOB, MCP and Email		
Player's Surname	Player's Given Name(s)	Player's Date of Birth	
		MONTH	DAY
			YEAR
<small>(Birth Year 2015-2016=U4; 2013-2014=U6; 2011-2012=U8; 2009-2010=U10; 2007-2008=U12 2006=U13; 2005=U14 2004=U15; 2003=U16 2002=U17)</small>			
Age Group Division	Gender	M <input type="checkbox"/> F <input type="checkbox"/>	
U4 <input type="checkbox"/> U6 <input type="checkbox"/> U8 <input type="checkbox"/> U10 <input type="checkbox"/>	U12 <input type="checkbox"/> U13 <input type="checkbox"/>	U14 <input type="checkbox"/> U15 <input type="checkbox"/>	U16 <input type="checkbox"/> U17 <input type="checkbox"/>

PARENT/GUARDIAN PLEASE PRINT CLEARLY			
Parent/Guardian Name(s)	Contact Numbers	Email Address	
1)	1)	1)	
2)	2)	2)	
Mailing/Street Address	City	Prov	Postal Code
		NL	

EMERGENCY & MEDICAL			
Emergency Contact Person		Medical Condition(s)	
Name			
Phone		MCP	

VOLUNTEER OPPORTUNITIES			
Corner Brook Minor Soccer Association is a volunteer-based organization and depends on as much help as possible for many areas of its operations. Should you have an area of interest, please check one.	Coach	<input type="checkbox"/>	Team Helper
	Assistant Coach	<input type="checkbox"/>	Other, please specify (Fundraising, Photography, Uniforms)
	Field Preparation	<input type="checkbox"/>	

CONSENT AND LEGAL DISCLAIMER	
I, the parent/guardian of the registering player, recognize the possibility of physical injury associated with soccer and recognize that all players will be involved with all aspects, including different field locations, tournaments and any activities related or associated with Corner Brook Minor Soccer Association. I hereby release, discharge and/or otherwise indemnify the Corner Brook Minor Soccer Association, its affiliated organizations, sponsors, their employees and associated personnel, including the owner of fields and facilities utilized for the programs, against any claim by or on behalf of the registering player as a result of participation in the programs. I certify that I have read and understand the consent and legal disclaimer.	
X _____	_____
Signature of Parent/Legal Guardian	Date

OFFICE USE ONLY							
Amount Paid	Receipt #	Collected By	Date	Cash <input checked="" type="checkbox"/>	Cheque #	Entered CBMSA	Entered NLSA
Fall							
Winter							
Spring							
Summer							