



# Registration Form

**CBMSA 2017 Fall to 2018 Summer Sessions**

email [info@cbmsa.ca](mailto:info@cbmsa.ca)

web [www.cbmsa.ca](http://www.cbmsa.ca)

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

<b>Registration Season</b>	2017 Fall <input type="checkbox"/> 2018 Winter <input type="checkbox"/> 2018 Spring <input type="checkbox"/> 2018 Summer <input type="checkbox"/>		
<b>Summer Field (U4/U6 Only)</b>	Eastside Field <input type="checkbox"/> Atlantic Field <input type="checkbox"/> Curling Field <input type="checkbox"/>		
<b>Did you register in 2017?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/> If <b>No!</b> complete all including <b>DOB, MCP and Email</b>		
<b>Player's Surname</b>	<b>Player's Given Name(s)</b>	<b>Player's Date of Birth</b>	
		MONTH	DAY
			YEAR
<small>(Birth Year 2014-2015=U4; 2012-2013=U6; 2010-2011=U8; 2008-2009=U10; 2006-2007=U12 2005=U13; 2004=U14 2003=U15; 2002=U16 2001=U17)</small>			
<b>Age Group Division</b>	<b>Gender</b>	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"/>

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

<b>EMERGENCY &amp; MEDICAL</b>			
<b>Emergency Contact Person</b>		<b>Medical Condition(s)</b>	
<b>Name</b>			
<b>Phone</b>		<b>MCP</b>	

<b>VOLUNTEER OPPORTUNITIES</b>			
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.	<b>Coach</b>	<input type="checkbox"/>	<b>Team Helper</b>
	<b>Assistant Coach</b>	<input type="checkbox"/>	<b>Other, please specify (Fundraising, Photography, Uniforms)</b>
	<b>Field Preparation</b>	<input type="checkbox"/>	

<b>CONSENT AND LEGAL DISCLAIMER</b>	
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 _____	_____
<b>Signature of Parent/Legal Guardian</b>	<b>Date</b>

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