

Cowichan Valley Soccer Association

CVSA Technical Director
6144 Edgehill Place
Duncan, V9L4R1

CVSA Player/Goalkeeper Academy Registration Form

Player Information:

Last Name _____

First Name _____

Birthday (M-D-Y) _____

Gender _____

Address _____

City _____

Postal Code _____

Medical Care Card # _____

Email _____

Phone _____

Guardian Information:

Father/Guardian _____ Phone: _____

Email: _____

Mother/Guardian _____ Phone: _____

Email: _____

Please circle appropriate group: Player Goalkeeper (GK training is for traveling teams only)

Player Release (Waiver must be signed):

As the parent or guardian of the above named player I confirm that all the above information is correct. I furthermore release the coaches, sponsors, volunteers and club executive from all liability, and I waive, as against the said coaches, sponsors, volunteers and Cowichan Valley Soccer Association and their Board of Directors, all claims of any kind whatsoever that I might have for any and all illness, injuries and/or losses suffered or sustained by the said player through participation in activities of the CVSA Academy.

Signed: _____ Date: _____