



2010 Outdoor Ladies 6 x 6 Soccer Registration Form

Player's First Name: _____ Last Name: _____

Date of Birth: _____ (mandatory for insurance purposes) (Must be 18 years of age)

Address: _____

Postal code: _____ Home Phone: _____ Cell Phone: _____

Email Address: _____

To give your permission to use your email and phone numbers for general Cochrane Rangers Soccer Club communication please sign in the place provided, Signature: _____

*** Alberta Health Care Number: _____

Emergency Contact Name and Number: _____

This season we are accepting group or team submissions, as well as individual registrations. Group or team submissions must be collected by a designated representative and submitted together on registration night. CRSC reserves the right to adjust a group by 25%.

No registration form will be accepted without payment or after Friday, April 2, 2010.

Please check off: Individual Group or Team Group / Team / Captain Name: _____

Rate your skill: 1 (beginner) 2 3 4 5 (experienced) Forward

I am available to sub for a game: Yes No Position Played: Defence

In Person registration is Monday, **March 22, 2010 from 6:30 – 8:30pm** at Spray Lakes Family Rec Center in the main foyer. The season will run Monday nights from May until mid- September.

We are only accepting cheques payable to Cochrane Rangers Soccer Club for \$115.00.

**** Cochrane Rangers Soccer Player Waiver Form ****

I hereby guarantee that all of the information provided by me is accurate. **Signature: _____

I understand and accept the risks involved with playing soccer. I hereby agree that Cochrane Rangers Soccer (CRS), its directors, coaches and all volunteers will not be held responsible for any accident, injury, or loss however caused and agree to release the above mentioned from all claims which may arise as a result of, or by reason of, above such accidents or loss. CRS reserves the right to request any participant to withdraw from the program prior to its termination if the person is not acting in an acceptable manner.

Name (please print): _____ **Signature: _____ Date: _____

For further information please visit www.cochranerangers.com or email, lady.rangers@gmail.com

For Administration Only

Payment Received: _____ Cheque No. : _____ Cash: _____