



# BARRIE CARDINALS CLUB DE FUTBOL REGISTRATION FORM

Session Date (Add year & circle season) : \_\_\_\_\_ SUMMER / WINTER

## PLAYER INFORMATION

Players First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Birth Date MM/DD/YYYY: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Favorite Team: \_\_\_\_\_ Favorite Player: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Province: \_\_\_\_\_

Postal Code: \_\_\_\_\_

Shirt Size(Circle one): Youth XS S M L XL OR Adult S M L XL

Does your child have an allergy? If yes, specify,

What do you want to be when you grow up?

Mom or Dad interested in coaching?

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PARENT INFORMATION

*(Please provide information for both mother and father of child)*

Father's Name & Phone #: \_\_\_\_\_

Mother's Name & Phone #: \_\_\_\_\_

Emails: \_\_\_\_\_

Please check one of the following : Paying in FULL \_\_\_\_\_

Opting into Payment Plan \_\_\_\_\_ (Deposit and monthly payments)

## IN CASE OF EMERGENCY

Name of local friend or relative: \_\_\_\_\_ Relationship to athlete: \_\_\_\_\_

Phone Number : \_\_\_\_\_

The above information is true to the best of my knowledge. I authorize my son and or daughter to train with the Barrie Cardinals CDF. I understand that I am responsible for providing my child with proper training gear for each session and if not done so my child will not be able to train. Please arrive a minimum 15 minutes before your scheduled training time, so we can begin right away. If your child will be absent, please notify one of the coaches in person or with an email to [info@barriecardinals.com](mailto:info@barriecardinals.com). Any friends and family can be directed to contact [info@barriecardinals.com](mailto:info@barriecardinals.com) if they have any questions about becoming a Cardinal.

PLEASE NOTE: It is asked from all parents that you please have your child attend training in black soccer socks, black shorts, black shirt.

Patient/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## **Barrie Cardinals CDF Liability and Media Waiver**

I acknowledge, that our family's participation including parents, and our children are choosing to be members and have not been coerced to join the Barrie Cardinals CDF. We acknowledge that our family will conduct ourselves in a respectful and professional manner, and be a positive active member contributing to the growth of this club.

We are aware that choosing to participate in this soccer program with the BCCF may present a risk of an accident or injury occurring during our time of participation. We understand and agree that any accident or injury that may occur during and are not limited to a trainings, games, camps or special events, is recognized and accepted as completely accidental and agree that the Barrie Cardinals Club de Futbol or any of the associated organizations of the Dats Guz Soccer Corporation shall not be held responsible.

I acknowledge that the Barrie Cardinals CDF and its media and community relations department will actively be taking photographs, filming video footage that may be used on our and limited to the club's website, promotional advertisements, social media accounts and/or any future material that may enable the Barrie Cardinal's to continue to positively promote, enhance and encourage future growth of the program.

Name of Parent

---

Name of Child

---

Signature of Parent

---

Date Signed

---