CORNWALL INDOOR SOCCER LEAGUE
TEAM ADMINISTRATOR
2019-2020 SEASON

PLAYER DETAIL (PLEASE PRINT)

First Name: _____ Last Name: _____

Street Address: _____ Apt: _____

City: _____ Province: _____ Postal Code : _____

Home Telephone: ___ - ___ - ____ Alternate Telephone: ___ - ___ - ____

Date of Birth: _____ (d d m m y y y y) Sex: ☐ M or ☐ F

Coach ☐ **Manager** ☐ **Team Representative** ☐

OPTIONAL INFORMATION:

E-Mail: _____ Business Telephone: ___ - ____

LEAGUE INFORMATION:

Team Name: _____

Division: Men's Division # 1 ☐ Men's Division # 2 ☐ Ladies Division # 1 ☐ Ladies Division # 2 ☐

Warning:

Any person who provides false information or withholds any of the required information shall be suspended from all soccer activities for one year.

Date Received: _____

Notice of Warning:

The C.I.S.L. has tried to create a safe playing environment for all participants. However, as in any sport, there is a potential risk involved in training and participating. The league has established rules for participation and proper conduct on or about the playing area. By registering you agree to uphold these rules and further to hold the C.I.S.L. blameless for any injuries.

As Team Representative it is my responsibility to ensure that all players have been properly registered prior to competing in League play. It is also my responsibility (Team Administrator) to be fully aware of all my team (players) disciplinary status at all times. By signing this form, I accept responsibility for my team and understand that failure to adhere to these conditions with result in team discipline as per stated in the rules.

_____ Signature of Administrator

_____ Signature of Registrar