



CORNWALL INDOOR SOCCER LEAGUE PLAYER REGISTRATION 2019-2020 SEASON



PLAYER DETAIL (PLEASE PRINT)

Last Name: _____ First Name: _____

Street Address: _____ Apt: _____

City: _____ Province: _____ Postal Code : _____

Home Telephone #: _____ - _____ - _____ Alternate Telephone #: _____ - _____ - _____

E-Mail: _____

Date of Birth: _____ Sex: M or F Preferred Position Forward : Defense : Goalie :

d d m m y y y y

Team Last Registered With: CISL : Yr: _____ Did he/she play competitive soccer: Would he/she play Keeper:

Kinsmen: Yr: _____ GSL: Yr: _____ Do you have any other activity that may conflict with soccer: Yes No

Player Rating: Very Good: Good: Average: Never Played: Which Sport: _____

Jersey Size



- Y-S
- Y-M
- Y-L
- A-S
- A-M
- A-L
- A-XL

THIS AREA FOR CISL USE ONLY

DIVISION PLAYED IN: U-

NOTICE OF WARNING & CONSENT:

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 and coaches have established rules for participation and proper conduct on or about the playing area. By registering your child you agree to uphold these rules and further to hold the C.I.S.L. blameless for any injuries. I authorize the C.I.S.L. to collect and use personal information about me or my child for the purpose of communication related to C.I.S.L. activities. I understand that this information will not be distributed to any third party and that I may withdraw consent for use, collection or disclosure of my or my child/ward's personal information at any time by contacting the C.I.S.L. at cisl@cornwallcitysoccer.ca or by mail to: Cornwall Indoor Soccer League, 800 Seventh St W, Box 5, Cornwall ON, K6J 0A3

Method of payment : Cash : Cheque:

Amount: \$ _____

Receipt # : _____

Date: _____

Signature of Parent or Guardian