



Council Bluffs Futbol Club

2011/2012-Club Registration Form

www.cbsoccer.org

Team Name: _____

Player Number: _____ or TBD

Returning CBFC Player Y / N

Copy of Birth Certificate Y / N

Registration Paid Y/N

Player's Information:

First Name:		Middle	Last Name:	
Date of Birth		Gender (M/F)	Player's Email Address	
Doctor's Name			Doctor's Phone Number	

Parent/Guardian Information:

Name		Relationship to Player	
Address			
City, State ZIP			
Phone	Phone 2	Email Address	
Mother's Maiden Name	Mother's Date of Birth		
		/ /	

Medical Release Information

Allergies/Medical issues:		Date of last tetanus shot:	
		/ /	
Insurance Company:			
Policy Number:		Group number:	
Jersey / Jacket size		Shorts/ Pants size	
/		/	
		Uniform paid:	
		Yes / No	

Consent to Participate

I give my consent for my child to participate in the activities of the Council Bluffs Futbol Club (CBFC). My child and I have read and agree to abide by the code of conduct and all other rules imposed by CBFC. As the parent/guardian of the above child, I acknowledge the risks of injury with participation, and in consideration of my child being allowed to participate in the activities of CBFC, assume all risk associated with participation and for myself and minor child, RELEASE and FOREVER DISCHARGE the CBFC Soccer Club from any and all claims, demands, accidents and actions of any and every nature whatsoever. I authorize doctors, dentists, and any license staff to perform necessary procedures and tests on above named minor child in my absence. I have not been given any guarantees to the outcome of tests or treatments:

Parent/Guardian Signature: _____ Date _____

Parents printed name:

