

# CALGARY BENGAL TIGERS SC

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## PLAYER REGISTRATION FORM

**Registration fees: \$400 (practice game) for 6 months and \$50 (game kits). Two or three children from the same family has special discount.**



### PLAYERS INFORMATION: (PLEASE PRINT)

<b>GENDER:</b>	1) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	2) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	3) <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	<b>Date of Birth</b>
<b>FIRST NAME: (1)</b>		<b>LAST NAME: (1)</b>		____ / ____ / ____
<b>FIRST NAME: (2)</b>		<b>LAST NAME: (2)</b>		____ / ____ / ____
<b>FIRST NAME: (3)</b>		<b>LAST NAME: (3)</b>		____ / ____ / ____
<b>ADDRESS:</b>		<b>TELEPHONE: (1)</b>		<b>Health card #: (1)</b> _____
		<b>TELEPHONE: (2)</b>		<b>Health card #: (2)</b> _____
<b>TOWN / CITY:</b>		<b>EMAIL: (1)</b>		<b>Health card #: (3)</b> _____
<b>PROVINCE:</b>		<b>EMAIL: (2)</b>		
<b>POST CODE:</b>		<b>CMSA #</b>		
<b>PARENTS INFORMATION: ( PLEASE PRINT)</b>				
<b>FIRST NAME:</b>		<b>LAST NAME:</b>		
<b>ADDRESS:</b>		<b>TELEPHONE: (1)</b>		
		<b>TELEPHONE: (2)</b>		
<b>TOWN/CITY:</b>		<b>EMAIL:</b>		
<b>POST CODE:</b>		<b>EMERGENCY CONTACT:</b>		
		Name		Phone #
<b>ANY MEDICAL ISSUES WITH YOUR CHILD?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PLEASE SPECIFY:</b> _____		
<b>ARE YOU WILLING TO VOLUNTEER?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PLAYER'S SKILLS:</b> _____		

### WAIVER AND PRIVACY RELEASE:

The parents and / or guardian accept the liability and risk associated with soccer as a contact sport release Calgary Bengal Tigers Soccer Club from any claim, demands, damages, actions or causes of action arising out of or in consequence of any loss, injury or damage to the player incurred while participation in any Calgary Bengal Tigers Sc game or practice. The parent and / or guardian consent to CBT SC collecting, using and disclosing the player registration information for all soccer participation registration requirements including, but not limited to CMSA, ASA/CSA and provincial affiliated associations.

**The parent and / or guardian consent to the Code of Conduct:**

<b>Print name:</b> _____	<b>Signature</b> _____	<b>Date:</b> _____ YYYY / MM / DD
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**Minor player authorization and consent: (Must be signed by player's Parent or Guardian)**

<b>Parent Name:</b> _____	<b>Date:</b> _____ YYYY / MM / DD
<b>Signature :</b> _____	<b>Place:</b> _____
<b>Payment method:</b> <input type="checkbox"/> CASH <input type="checkbox"/> CHEQUE	<b>Payment receipt No:</b> _____
<b>Bank Name:</b> _____ <b>Cheque #</b> _____	<b>Date:</b> _____ YYYY / MM / DD
<b>Registered by (official):</b> _____	<b>Official's Signature</b> _____