



CLIFF AVENUE UNITED FOOTBALL CLUB
Divisional Team Selection – Player Registration Form

Player's name	First	Last		
Parent's name(s)				
Player's birth date				
Player's address	Street	City	Postal Code	
Phone				
E-mail address				

Club played for last season					
Team played for last season					
Level played last season (circle)	House	Bronze	Silver	Gold	Metro

Have you accepted or made a Metro, Gold or Silver team for next season with another club?	NO	YES
If yes, please provide the name of the club.		
Coach's Name(s)		

If I had my choice I would like to play at the following level (circle)	Bronze	Silver	Gold	Metro
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I agree that the information provided on this form is accurate. Once I have been assigned to a team, in order to secure my position on that team I will **REGISTER and PAY IN FULL within 7 days of notification.**

Player Signature

Date

PLACEMENT CAMP EVALUATOR USE ONLY					
Bib colour	RED	BLUE	GREEN	YELLOW	BLACK
Bib number					