



# CORNWALL DISTRICT SOCCER LEAGUE TEAM ADMINISTRATOR REGISTRATION 2024 SEASON



**PLAYER DETAILS ( PLEASE PRINT IN BLOCK LETTERS)**

First Name:                      Last Name:

Street Address:                      Apt #:

City:                      Postal Code :       Province:

Home Telephone:    -    -       Alternatne Telephone:    -    -

Date of Birth:         Sex:  or  Team Representative  Manager  Coach   
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**OPTIONAL INFORMATION:**

E-MAIL:

**LEAGUE INFORMATION: CORNWALL DISRICT SOCCER LEAGUE -- C.D.S.L.**

TEAM NAME

DIVISION:  MEN'S DIVISION  LADIES DIVISION

**WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING -- WARNING**

ANY PERSON WHO PROVIDES FALSE INFORMATION OR WITHOLDS ANY OF THE REQUIRED INFORMATION SHALL BE SUSPENDED FROM ALL SOCCER ACTIVITIES FOR ONE YEAR

THE C.D.S.L. HAS TRIED TO CRATE A SFAE PLAYING ENVIROMENT FOR ALL PARTICIPANTS. HOWEVER AS IN ANY SPORT, THERE IS 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 YOU AGREE TO UPHOLD THESE RULES AND FURTHER TO HOLD THE C.D.S.L. BLAMELESS FOR ANY INJURIES.

DATE RECEIVED:          
D D M M Y Y Y Y

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.

**Failure to comply with all rules stated above may result in removal form League schedule forfeiting all fees paid to the League.**

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SIGNATURE OF REGISTRAR

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SIGNATURE OF ADMINISTRATOR