

RESTRICTED MOVEMENT PASS (PART A)

Player's Name: _____ ID Number _____

Player's Age: _____ (minimum age to participate in CUSA is 16 years old)

Team Registered With: _____

Team Playing Up With: _____

Date of the Game: _____

Coach / Manager of the Team the Player is registered With:

Print Name Signature

Referee: _____
Name Signature

SUBMIT WITH GAME SHEET TO CUSA OFFICE



RESTRICTED MOVEMENT PASS (PART B)

Player's Name: _____ ID Number _____

Player's Age: _____ (minimum age to participate in CUSA is 16 years old)

Team Registered With: _____

Team Playing Up With: _____

Date of the Game: _____

Coach / Manager of the Team the Player is registered With:

Print Name Signature

Referee: _____
Name Signature

RETURN TO TEAM