

Minor Restricted Movement Form

- **ONE COPY** of this form is required to be submitted for each youth player registered with CWSA who is playing up as a guest player to a CWSA team
- The youth player must have attained their 16th birthday on or before the date of the game
- If the youth player is a registered CWSA player, do not use this form. Instead consult the callup charts to ensure the player is eligible and record their name on the game sheet as a regular guest player.



Calgary Women's Soccer Association
office@mycwsa.ca • 403-720-6692
MYCWSA.CA

Always consult the [CWSA callup charts](#) to ensure the guest player is eligible to play up with the CWSA team (eligibility is division dependant)

Game Information:

Game Date:	Name of Team Playing up For:
-------------------	-------------------------------------

Player's Information

Player's Name:	Player's Age:
Birth Date (mm/dd/yyyy):	CMSA ID Number:
Player's Team Name:	Tier/Division:
Authorisation of Player's Coach / Manager / Parent:	
print full name	signature
Referee Signature:	

This form must be filled out in its entirety. Photocopies are not acceptable.

Referee: Original copy to remain attached to the game sheet and submitted to the CWSA. Both teams are encouraged to photograph the form after the game for their records.



Minor Restricted Movement Form

- **ONE COPY** of this form is required to be submitted for each youth player registered with CWSA who is playing up as a guest player to a CWSA team
- The youth player must have attained their 16th birthday on or before the date of the game
- If the youth player is a registered CWSA player, do not use this form. Instead consult the callup charts to ensure the player is eligible and record their name on the game sheet as a regular guest player.



Calgary Women's Soccer Association
office@mycwsa.ca • 403-720-6692
MYCWSA.CA

Always consult the [CWSA callup charts](#) to ensure the guest player is eligible to play up with the CWSA team (eligibility is division dependant)

Game Information:

Game Date:	Name of Team Playing up For:
-------------------	-------------------------------------

Player's Information

Player's Name:	Player's Age:
Birth Date (mm/dd/yyyy):	CMSA ID Number:
Player's Team Name:	Tier/Division:
Authorisation of Player's Coach / Manager / Parent:	
print full name	signature
Referee Signature:	

This form must be filled out in its entirety. Photocopies are not acceptable.

Referee: Original copy to remain attached to the game sheet and submitted to the CWSA. Both teams are encouraged to photograph the form after the game for their records.