

Minor Restricted Movement Form



Calgary Women's Soccer Association
office@mycwsa.ca • 403-720-6693
MYCWSA.CA

Game Date: _____

Player's Name: _____ ID No: _____ Birth Date: _____
(mm/dd/yyyy)

Name of Team Playing Up For: _____ Registered CMSA Team: _____

Authorisation of Player's Coach or Manager or Parent: _____
(Circle One) (Print name) (Signature)

Referee Signature: _____

Is the player currently 16 years or older?: Yes No - If **NO**, player is **NOT** eligible

Is the player currently registered within CWSA?: Yes No * If **YES**, DO NOT use this form.

All three copies must be filled out entirely. Photocopies are not acceptable. Forms must be individually signed by a coach/manager/parent or guardian of the player playing up and must be submitted to the game official with the game sheet and the players' CMSA ID Card.

One copy to remain attached to the game sheet, second and third copy to Home Team and Visiting Team

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