



Ceres-Negros Youth FC



Player Registration Form

BASIC INFORMATION

Surname	Given Name	Middle Name
Nickname	Nationality	
Place of Birth (State / Province and Country)	Date of Birth (mm-dd-yyyy) _____ - _____ - _____	
Height	Weight	

PLAYING INFORMATION

Playing Position or Preferred Position	<input type="checkbox"/> Goalkeeper <input type="checkbox"/> Defender <input type="checkbox"/> Midfielder <input type="checkbox"/> Striker
Previous Club if Any	

CONTACT INFORMATION

Address (Manila)	
Mobile Number	Email Address

QUIT CLAIM AND WAIVER

Quit Claim and Waiver

I, the parent / guardian of the registering player, affirm that I am aware of my son's / daughters physical condition and I he / she is voluntarily participating in the clubs training activities, tournaments and leagues. I am aware that such participation may result in possible injury as a result of his / her involvement in the sport. In addition, I hereby release all the playing venue managements of any and all responsibility in case of any personal injury sustained by my son / daughter or damage to property of others caused by my son / daughter while participating in the football activities. I have read and understand the above statements and will abide by them.



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Parent / Guardian Declaration

The undersigned parent / guardian hereby:

- Agrees to the above provisions as enumerated in the Acknowledgment of Participation, Quit Claim and Waiver and Conformity to the Rules and Regulations
- Declares that all the above information are true and correct
- Agrees to have his / her son / daughter registered with the registering club for one (1) year.

Name and Signature _____

Date _____

Club Certification

The undersigned, as authorized by the Football Club Manager, approve the register the abovementioned player for year _____. Said player shall remain with the Club from _____ 20__ until _____ 20__ but no less than 1 year.

Name and Signature _____

Designation _____

Football Club _____

Date _____

EMAIL SIGNED FORMS TO: CERESYOUTHMANILA@GMAIL.COM

FAX: (02)776-9947

For Ceres-Negros Youth FC Use Only:

The registration of the above player is:

Accepted

Not Accepted

Ceres Registration ID: _____

TO BE PROVIDED BY CERES

The registration accepted / not accepted by:

Name _____

Signature _____

Date _____