



CB United Recreational Registration Form



This registration form is for all U12 and older players who wish to play on a recreational soccer team.

Registration Fee per Season: \$90.00

*Fee must be sent in with the registration form. Make checks payable to CB United

*Registration fee does not include a uniform

Team Formation: Teams will be formed on a first come, first serve basis. In order to have a team, there must be a minimum of fourteen (14) players and a parent must volunteer to coach. CB United will attempt to form recreational teams on a city by city basis.

Girls Contact: Angie Albertson at 760-9873 **Boys Contact:** Frank Bruneel at 760-5370

Mail registration forms and payment to:

CB United
P.O. Box 13
Moses Lake, WA 98837

Player Name: _____ DOB: _____ Boy/Girl (circle one)

Grade: _____ Address: _____ City: _____

Zip: _____ Phone: _____ Email: _____

Previous Team/Coach: _____

I hereby consent to have emergency personnel or a qualified physician provide my child with medical assistance or treatment.

Soccer is a contact sport. I recognize that my child (the player) could suffer a physical injury by participating in youth soccer, and in consideration of the Columbia Basin United Football Club (CB United) allowing my child to participate on a CB United youth soccer team, I hereby release, discharge and otherwise hold harmless CB United's Board of Directors and Officers, coaches, and all other member of CB United from and against any claim by or on behalf of my child as a result of my child's participation in CB United's soccer program. I agree to assume all risk of injury and loss to which the player may be exposed or suffer. To the extent that this release does not bind my child, I agree to hold harmless and indemnify CB United's Board Members and Officers, coaches, and all other members of CB United.

I HAVE READ THIS RELEASE AND AGREE TO BE BOUND BY IT.

Parent/Guardian (Signature): _____ Date: _____