

Birthdate Verification Sheet



CW3 Soccer Association

_____ cw3sa.org _____

Team: _____

Manager: _____

Player's Name	Birth Age (i.e.4/30/07)	Parent/Guardian Signature	Date
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____
9	_____	_____	_____
10	_____	_____	_____
11	_____	_____	_____
12	_____	_____	_____
13	_____	_____	_____
14	_____	_____	_____
15	_____	_____	_____
16	_____	_____	_____
17	_____	_____	_____
18	_____	_____	_____

Parent/Guardian: You are signing this form to verify that your son/daughters birthdate is correct. If CW3 Soccer Association finds any discrepency with this information they have the right to disallow the player for the remainder of ththe Fall soccer season.

Please complete this form and mail to CW3 Soccer Association, P.O Box 794, Walled Lake MI 48390