



# CW3 Birthdate Verification Form | Fall 2017

CW3 Team Name (i.e. CW308GHA): \_\_\_\_\_

Head Coach: \_\_\_\_\_

	Player's Name	Birthdate (MM/DD/YYYY)	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 child's birthdate is correct. If CW3 Soccer Association finds any discrepancy with this information CW3 has the right to disallow the player for the remainder of the soccer season.

Coaches: Please complete this form and mail to CW3 Soccer Association, P.O Box 794, Walled Lake MI 48390 or drop off to our CW3 Administrator at 1885 Twin Sun Circle, Commerce Township, MI 48390.