

# Cedarville Soccer Association - 2007 Fall Player Registration

Child's Last Name \_\_\_\_\_ First \_\_\_\_\_ Male Female

Parents/Guardian Name(s) \_\_\_\_\_

Address \_\_\_\_\_ PO Box \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_ Birthdate \_\_\_\_\_

School attending Fall 2007 \_\_\_\_\_ Grade Fall 2007 \_\_\_\_\_

How many total years has child played organized soccer in each of the following divisions?

\_\_\_\_\_ Dribblers (4-5 yo) \_\_\_\_\_ SAY Soccer (6-11 yo) \_\_\_\_\_ Jr. High Soccer \_\_\_\_\_ Sr. High Soccer \_\_\_\_\_ Select Soccer

Do you have any other **family** members playing soccer in the program? No Yes - Names \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Shirt Size:** Youth: Medium (10-12) Large (14-16) Adult: Small (34-36) Medium (38-40) Large (42-44) XL (46-48)

**Sock Size:** Youth: (6-8 ½: for really tiny feet) Regular (9-11: Most often chosen and used) Adult (10-13: For really large feet)

**CONSENT FOR EMERGENCY MEDICAL TREATMENT**

We the Parent/Guardian of \_\_\_\_\_ give permission for emergency medical treatment of our child due to illness or accident if we cannot first be contacted.

Other numbers to reach parents/guardians \_\_\_\_\_

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Any serious injuries or medical conditions in the past? \_\_\_\_\_

Any current medications? \_\_\_\_\_ Any known allergies? \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Does your child currently wear contact lenses? - No Yes

X Parent/Guardian Signature \_\_\_\_\_

We hereby agree that the Cedarville Soccer Association (CSA), the Soccer Association for Youth (SAY), or Kittyhawk Area Association (Kittyhawk) its members, coaches, or officers shall not be liable for any injury or loss which my child may sustain while participating in activities of any kind, whether sponsored by or under the supervision of CSA, SAY or Kittyhawk and we agree to indemnify and hold harmless CSA, SAY or Kittyhawk, its members, coaches, officers, sponsors or designates of any kind from any claim whatsoever.

X Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Printed Name: \_\_\_\_\_ CSA Witness: \_\_\_\_\_

Comments :

**SOCCER CLUB USE ONLY**

Fee Paid \$ \_\_\_\_\_ Cash Check # \_\_\_\_\_ Fee paid covers # of Players \_\_\_\_\_

Playing Age (As of July 31, 2007) \_\_\_\_\_ Division \_\_\_\_\_ Team \_\_\_\_\_ Coach \_\_\_\_\_

### VOLUNTEERS

\_\_\_\_ **YES!!** I would like to volunteer to help the CSA!!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Field Day Set Up      Team MOM      OTHER: \_\_\_\_\_

### REFEREES

\_\_\_\_ **YES!!** I would like to volunteer to referee for CSA!!

Name \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_ Age(must be 12 years old) \_\_\_\_\_ Years Experience \_\_\_\_\_

### COACH      ASST COACH

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_ Years of Coaching Experience \_\_\_\_\_

Email: \_\_\_\_\_

COACH      ASST COACH (circle one) Division \_\_\_\_\_ Child's Name \_\_\_\_\_

Shirt Size \_\_\_\_\_

### 2007 SPONSOR INFORMATION

**\*The cost to sponsor a team is \$200 (which includes a framed & plaqued team photo). Money due by July 10, 2007**

Sponsor Name \_\_\_\_\_

Business Address \_\_\_\_\_

\_\_\_\_\_

Business Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

Email \_\_\_\_\_

DID THIS SPONSOR GIVE PERMISSION    YES    NO    MAYBE

### SOCCER CLUB USE ONLY

Sponsor Fee Paid \$ \_\_\_\_\_ Cash      Check # \_\_\_\_\_

Division \_\_\_\_\_ Team \_\_\_\_\_ Coach \_\_\_\_\_

Comments :