

**CAROLINE COUNTY
YOUTH SOCCER ASSOCIATION**

Registration Form for Fall *Outdoor* League

Note: The athlete and a parent or legal guardian *must* sign this form before any athlete may participate in sport practices or games. **PLEASE FILL OUT FORM COMPLETELY!!**

OFFICE ONLY
Age: _____
Paid: _____
Date: _____
Time: _____
Birth Cert.: _____

PRINT NAME _____ M _____ F _____

AGE as of *December 31, 2009* _____ DATE OF BIRTH ____/____/____
(Copy of birth certificate is required for all new players)

MAILING ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____ HOME PHONE _____

MOTHER'S NAME _____ MOTHER'S EMERGENCY PHONE _____

FATHER'S NAME _____ FATHER'S EMERGENCY PHONE _____

EMAIL _____

DID YOU PLAY IN 2008: _____ LAST YEAR TEAM AND COACH: _____

Check this box if you are willing to volunteer in any way to help our league (Coach, Fields, Fundraising, Board, etc.)

AGE GROUPS: U6 = ages 4 & 5; U8 = ages 6 & 7; U10 = ages 8 & 9; U12 = ages 10 & 11; U15 = ages 12 - 14; U18 = ages 15 - 17
(Please note **NEW** age groups this year!)

REGISTRATION FEE (please check one): 1ST CHILD - \$40 _____ 2ND CHILD - \$35 _____ 3RD CHILD - \$30 _____

(Max fee per family - \$105) **THERE WILL BE NO REFUNDS IF YOU DECIDE NOT TO PLAY.**

All registrations received by May 31 will be guaranteed a playing spot. After May 31 you will be put on a waiting list for open spots.

All registrations received after May 31 will be \$55 for every player.

PERSONAL MEDICAL INFORMATION

Please detail any conditions in the following space or on the back of form if more space is needed. If none, please note as N/A.

Name of Physician: _____ Phone Number: _____

Allergies: _____ High Blood Pressure: _____

Breathing Condition: _____ Heart Condition: _____

Other Physical Disabilities/defects: _____

Date of last Tetanus (mth/yr): _____ Physical Exam (mth/yr): _____

Soccer is an exciting sport that can involve forceful contact with the ground or another player. The fall soccer season officially starts in August when the weather may still be hot and humid. Because of these conditions inherent to the sport, participating in soccer exposes the athlete to risk of injury.

In an effort to make the sport of soccer as safe as it can be, the coaching staff will instruct players concerning the rules of soccer and the correct mechanics of all skills. It is vital that athletes follow the coach's skill instructions, training rules, and team policies to decrease the possibility of serious injury. It is also very important that the parents or guardians of the athlete work closely with the coach to ensure the players overall safety.

We have read the information above concerning the risks of playing soccer. We understand and assume all risks associated with trying out, practicing, or playing soccer. We further agree to hold the CAROLINE COUNTY YOUTH SOCCER ASSOCIATION and its representatives, coaches, volunteers, and agents harmless in any and all liability actions, claims, or additional legal action in connection with participation in any activities related to participation in the CCYSA soccer program.

In signing this form, we assume the inherent risks of soccer and waive the future legal action by our heirs, estate, executor, administrator, assignee, family members, and ourselves.

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Up to May 31 deliver to:
Caroline County Recreation & Parks
107 S. Fourth St.
Denton, MD 21629

After May 31 mail registration form to your Town Rep to be placed on a waiting list!
Addresses can be found at: www.carolinecountysoccer.org