

Fall 2018 Information:
Division: _____
Team: _____



Spring 2019 Youth Soccer Registration - \$85.00 per player

Register January 7th – February 20th
Early-bird Registration January 7th-14th \$10 off
Late Fee of \$25 after February 20th

Players Legal Name: _____ Gender:(Please circle) Male / Female
Grade: _____ School: _____ Age: _____ DOB: ____/____/____
Address: _____ City: _____ Zip: _____

Medical Conditions/Concerns: _____

Division: (Please Circle) u4 u5 u6 u7 u8 u10 u12 u16

Years Played: _____

Parent(s) or Guardian(s) Name: _____

*Cell Phone: _____ Home Phone: _____

*Email: _____ Cell Phone Carrier: _____

Emergency Contact: _____ Phone Number: _____

Coaching Request: _____ Teammate(s) Request: _____

Jersey Size: (Please circle) YXS YS YM YL AS AM AL AXL A2XL

Short Size: (Please circle) YXXS YXS YS YM YL AS AM AL AXL A2XL

Parent Initials: _____

Would you be interested in: (Please Circle) Coaching Assistant Coaching Team Parent

(All HEAD COACHES must to fill out a Coaches Application, Assistant Coaches must fill-out volunteer form)

I hereby grant CPR specific permission to reproduce, publish, circulate, copyright or otherwise use all photographs and/or videotape of me and/or my family, taken during the program, for use by CPR.

An administrative fee of \$25 will be applied to all refunds. No refunds given after uniforms are ordered and insurance has been paid. By signing below, I grant permission to managing personnel to authorize and obtain medical care from any licensed physician, hospital or medical clinic should my child become ill or injured while participating in a CPR activity and that I have read and agree to all rules and regulations.

Signature: _____ Date: _____

(The monitor will remove any coach, parent or spectator from the facility who approaches or verbally abuses the referees at any time.)

Printed Name: _____

-----Office Use Only:-----

Fee \$: _____ Cash Credit Card Check# _____ Receipt #: _____

Received by: _____