

**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.

PRINT NAME _____ M _____ F _____

AGE *as of December 31, 2008* _____ DATE OF BIRTH _____

DAY PHONE _____ EVENING PHONE _____ EMERGENCY PHONE _____

MAILING ADDRESS _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

Are you willing to be a Coach? _____ Name _____ Phone # _____

PRICE: \$35 _____ (U6, U8, U10, U12, U14, U18)

U6 = ages 4&5, U8 = ages 6&7, U10 = ages 8&9, U12 = ages 10&11, U14 = ages 12&13, U18 = ages 14-17

FAMILY DISCOUNT: 2nd CHILD \$25 _____ 3rd \$15 _____ SCHOOL ATTENDING _____

\$15 late fee will charged after May 30

*THERE WILL BE **NO REFUNDS** IF YOU DECIDE NOT TO PLAY.*

PERSONAL INFORMATION

Please detail any conditions in the following space. If none, note do not know.

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 coaches 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.

LAST YEAR TEAM AND NAME OF COACH: _____

Signature of Athlete: _____

Signature of Parent/Guardian: _____

Mother's Name _____ Phone Number _____

Father's Name _____ Phone Number _____

**Caroline County Recreation & Parks
403 S. Seventh St. Suite 226
Denton, MD 21629**

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