This form can be filled in using Acrobat. Tab to move to the next field. Please drop off at the Recreation Center or bring to one of the sign ups.

CCSL Registration Form (Fall 2010)

Complete the following form and submith with the appropriate payment.

CCSL USE ONLY		
U		
	(age group)	(gender)

($45 for first player and $40 for each additional player. For registration forms submitted after Aug. 1, $55 per player)

Player must be 5 years of age by September 1, 2010.

Date of Birth (MM/DD/YR) ____/____/_____ Gender ☐ Male ☐ Female

Player's Name _____ Home Phone # _____

Address _____ City _____ Zip _____

Height _____ Weight _____ Years of Soccer Experience _____

List Any Special Needs/Restrictions _____

Name of Siblings in Same Age Group _____

Main Contact (parent/guardian) _____ Relationship to Player _____

Work Phone _____ Cell _____ Ok to Text? ☐ Yes ☐ No

Email Address _____

EMERGENCY CONTACT INFORMATION REQUIRED

Yes or No

Other Parent (Or Guardian) _____ Work Phone _____ Cell _____ Ok to Text? _____

Other Contact _____ Work Phone _____ Cell _____ Ok to Text? _____

Relationship to Player _____

CCSL is a volunteer organization. We depend upon and appreciate parental participation and support. Training will be available for coaches and referees.

If using acrobat, use space bar to check boxes.

I am will to: Coach this player's team ☐ Referee Games ☐ Help with Fields ☐

If you checked any of the above, you will need to fill out a volunteer form.

EMERGENCY AUTHORIZATION AND WAIVER

As parent or legal guardian of the above named player/registrant, I hereby give my consent for emergency medical care, including, but not limited to initial first aid, emergency proceedures and other emergency care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb, or well being of the player/registrant.

As parent or legal guardian of the above named player/registrant, I hereby release and discharge Coffee County Soccer League and all affiliated persons or entities from any and all liability, claims, demands, and causes of action for personal injury, property damage, and/or other loss of any kind whatsoever suffered by the player/registrant in connection with his/her participation in any CCSL sponsored activities or events; recognising and assuming the risk of such injury, damage or other loss by participating in said activities or events. I further agree to defend, indemnify and hold harmless CCSL and all affiliated persons or entities from any and all claims that may arise out of any such injury, damage or other loss.

I, the parent/guardian of the registrant, agree that the player/registrant and I will abide by the rules of the TSSA and CCSL.

Signature of Parent/Guardian X Date / / Relationship

CCSL Cashier: Amount: Check #:

Please leave in the soccer drop box at the Manchester Recreation center. Form must be complete and check must be included.