

U6 - U18 Spring 2010 Registration



Deadline January 15, 2010

Late fee of \$25 applies after 1/15/10 and no registrations accepted after 3/15/10 (for U10 & up only)

1) Check appropriate AGE DIVISION below:

		Games/Practices	Fees (Same Fall Uniform)
IN-HOUSE LEAGUE: Check your preferred practice days: <input type="checkbox"/> U6 Co-ed Kindergarten (Birthdate 8/1/03 to 7/31/05) <input type="checkbox"/> U8 Co-ed Grades 1 & 2 (Birthdate 8/1/01 to 7/31/03)		<input type="checkbox"/> MONDAY/WEDNESDAY 4:30pm - 5:30pm <input type="checkbox"/> TUESDAY/THURSDAY 4:30pm - 5:30pm	U6 season: 4/12/10 to 5/13/10 U8 season: 4/12/10 to 5/13/10 \$70
WESTERN SLOPE SOCCER LEAGUE: <input type="checkbox"/> U10 Grades 3 & 4 (Birthdate 8/1/99 to 7/31/01)	Please indicate sizes if did not play in Fall or new player: <input type="checkbox"/> Jersey/Shorts set (YS, YM, YLG, AS, AM, AL) <input type="checkbox"/> Socks (Jr. or Adult)	season: 3/29/10 to 5/14/10 <i>Practices twice a week.</i> <i>Games primarily on Saturdays</i>	\$125 PLUS \$30 if uniform needed
WESTERN SLOPE SOCCER LEAGUE: <input type="checkbox"/> U12 Grades 5 & 6 (Birthdate 8/1/97 to 7/31/99) <input type="checkbox"/> U14 Grades 7 & 8 (Birthdate 8/1/95 to 7/31/97) <i>Player passes are required. PLEASE ATTACH BIRTH CERTIFICATE TO REGISTRATION FORM.</i>	Please indicate sizes if did not play in Fall or new player: <input type="checkbox"/> Jersey/Shorts set (YS, YM, YLG, AS, AM, AL) <input type="checkbox"/> Socks (Jr. or Adult)	season: 3/29/10 to 5/14/10 <i>Practices twice a week.</i> <i>Games primarily on Saturdays</i>	\$160 PLUS \$30 if uniform needed
WESTERN SLOPE SOCCER LEAGUE: <input type="checkbox"/> U16/U18 Grades 9-12 (Birthdate 8/1/91 to 7/31/95) <i>A TRYOUT MAY BE REQUIRED - COACHES WILL CONTACT PLAYERS. Players not selected are eligible for a full fee refund. Birth certificate is required for new players</i>	Please indicate sizes. A full new uniform is required: <input type="checkbox"/> Jersey/Shorts set (YS, YM, YLG, AS, AM, AL) <input type="checkbox"/> Socks (Jr. or Adult)	season: 3/29/10 to 5/14/10 <i>2-3 practices per week.</i> <i>Games primarily on Saturdays</i>	\$215 includes required full uniform fee

Family Discount: \$5 second child and \$10 for third. Family discount is not valid with scholarship application or after the registration deadline.

Carbondale Soccer Club can only offer these programs with the help of community volunteers and paid coaches, referees and managers. Please check the positions you would be interested in:

Coach* Asst Coach* Referee* Team Manager Division Coordinator Snacks Board Member Name of Volunteer: _____

*CSC will pay for certification

2) Registration Information and Release Signatures: ONE PLAYER PER FORM

PARENT OR GUARDIAN SIGNATURE REQUIRED FOR LIABILITY WAIVER AND CONSENT OF MEDICAL TREATMENT

LAST NAME _____ FIRST NAME _____ SEX _____ BIRTH DATE _____
One player per form

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE _____ E-MAIL ADDRESS _____ GRADE _____ SCHOOL _____

U12 & UP PLAYER CONTACT FOR COACH/MGR (please fill in all that apply): PLAYER'S EMAIL _____ PLAYER'S CELL _____ TEXT _____

MOTHER'S NAME _____ PHONE (H) _____ (W or CELL) _____

FATHER'S NAME _____ PHONE (H) _____ (W or CELL) _____

EMERGENCY CONTACT (other than parent) _____ PHONE: _____

DOCTOR'S NAME _____ PHONE: _____

ALLERGIES/MEDICAL INFORMATION _____

PARENT OR GUARDIAN SIGNATURE REQUIRED

LIABILITY WAIVER AND RELEASE:

The undersigned, in consideration of and as part payment for the right to participate in the activity of the Carbondale Youth Soccer, Inc. described above, hereby acknowledges the existence of and assumes all risk connected with the activity described above, and including by way of example, acts of negligence by the Town of Carbondale or any entity or person acting on its behalf.

Parent or Guardian _____ Date _____

CONSENT OF MEDICAL TREATMENT:

Pursuant to Section 15-14-104, C.R.S., I, as the parent or guardian of _____ delegate to Carbondale Youth Soccer, Inc. by its designated representative, the power to consent to and contact for medical or dental treatment for my child in my behalf. This power of attorney shall not be affected by my disability.

Parent or Guardian _____ Date _____

PHOTO RELEASE:

I give my consent for my child to be photographed, videotaped or filmed while participating in club activities and for the resulting images to be used by Carbondale Youth Soccer, Inc. for promotional purposes.

Parent or Guardian _____ Date _____

3) MAIL Complete Registration Form with Fees to: **Carbondale Soccer Club, P.O. Box 222, Carbondale, CO 81623**