

# U6 - U18 Fall 2010 Registration



## Deadline June 15, 2010

Late fee of \$25 applies after 6/15/10 and registrations may not be accepted after 8/15/10 (for U10 & up only)

### 1) Check appropriate AGE DIVISION below:

		Games/Practices	Fees (Includes Required Uniform Fee)
<b>IN-HOUSE LEAGUE:</b> Check your preferred practice days: <input type="checkbox"/> <b>U6 Kindergarten</b> (Birthdate 8/1/04 to 7/31/06) <input type="checkbox"/> <b>U8 Grades 1 &amp; 2</b> (Birthdate 8/1/02 to 7/31/04)		<input type="checkbox"/> <b>MONDAY/WEDNESDAY</b> <b>4:30pm - 5:30pm</b> <input type="checkbox"/> <b>TUESDAY/THURSDAY</b> <b>4:30pm - 5:30pm</b>	<b>U6 season: 9/7/10 to 10/14/10</b> <b>U8 season: 9/7/10 to 10/21/10</b> <b>\$70</b>
<b>WESTERN SLOPE SOCCER LEAGUE:</b> <input type="checkbox"/> <b>U10 Grades 3 &amp; 4</b> (Birthdate 8/1/00 to 7/31/02)	<b>Please indicate sizes.</b> <input type="checkbox"/> Jersey/Shorts set (YS, YM, YLG, AS, AM, AL) <input type="checkbox"/> Socks (Jr. or Adult)	<b>season: 8/23/10 to 10/24/10</b> <i>Practices twice a week.</i> <i>Games primarily on Saturdays</i>	<b>\$165</b> Fall 10 <b>or</b> <b>\$290</b> Fall 10 & Spring 11
<b>WESTERN SLOPE SOCCER LEAGUE:</b> <input type="checkbox"/> <b>U12 Grades 5 &amp; 6</b> (Birthdate 8/1/98 to 7/31/00)* <input type="checkbox"/> <b>U14 Grades 7 &amp; 8</b> (Birthdate 8/1/96 to 7/31/98)*	<b>Please indicate sizes.</b> <input type="checkbox"/> Jersey/Shorts set (YS, YM, YLG, AS, AM, AL) <input type="checkbox"/> Socks (Jr. or Adult)	<b>season: 8/23/10 to 10/24/10</b> <i>Practices twice a week.</i> <i>Games primarily on Saturdays</i>	<b>\$200</b> Fall 10 <b>or</b> <b>\$360</b> Fall 10 & Spring 11
<b>WESTERN SLOPE SOCCER LEAGUE:</b> <input type="checkbox"/> <b>U16/U18 Grades 9-12</b> (Birthdate 8/1/92 to 7/31/96)* <i>A TRYOUT MAY BE REQUIRED - COACHES WILL CONTACT PLAYERS. Players not selected are eligible for a full fee refund.</i>	<b>Please indicate sizes.</b> <input type="checkbox"/> Jersey/Shorts set (AS, AM, AL, AXL) <input type="checkbox"/> Socks (Jr. or Adult)	<b>season: 8/16/10 to 10/24/10</b> <i>2-3 practices per week.</i> <i>Games primarily on Saturdays</i>	<b>\$215</b>

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

\*Player passes are required. PLEASE ATTACH BIRTH CERTIFICATE TO REGISTRATION FORM.

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 coach and referee 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**