

Date: _____ Cash _____ Check #- _____ Total \$ _____ # of Children Registered _____



Spring 2010 Registration Form

To register for Spring soccer, birth date must be between August 1, 1990, and March 20th, 2006. (Player must turn 3 by March 20th, 2010)

Last Name	First Name	MI	BOY GIRL <u>Circle one</u> Date of Birth
Address			
City	State	Zip Code	
Home Phone	Cell Phone		
Email Address		School / Preschool	
Mother's Name	Employer	Work Phone	Mother's Cell Phone
Father's Name	Employer	Work Phone	Father's Cell Phone
Medical Problems, Medications, Allergies...			
Emergency Contact (other than parents)		Relationship	Phone
Doctor		Phone	
Additional Comments:			

Special requests for teams, coaches, transportation will not be honored.

Do You Want To:	
Be a----	Help With----
Coach	Fields
Referee	Concession Stand
Sponsor	Picture Day
players	
Person volunteering:	

CALENDAR FOR Spring 2009

Register Oct 17 th – Dec 31 st	\$55 per player
Register Jan 1 st – Feb 13 th	\$65 1 player
	\$120 2 players
	\$165 3 players

October 17 through February 13: No additional charge for more than 3

After Feb 14th - Late Registration \$85 per player
Late registrations not guaranteed a team!

Consent for Medical Treatment of a Minor & Release from Legal Liability

As parent or legal guardian of the above named player, I hereby give my consent for emergency medical 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 life, limb, or well being of my dependent.

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the USYSA, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"). I hereby release, discharge and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of fields and facilities utilized for the Programs, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the Programs and/or being transported to or from the same, which transportation I hereby authorize.

Parent/Guardian Signature _____ Date _____

Mail to: Columbia Soccer Association—1116 W. 7th. St., PMB 248---Columbia, Tennessee 38401

columbiasoccer@hotmail.com (email)

www.columbiasoccer.org (website)