

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



Spring 2012 Registration Form

To register for Fall soccer, birth date must be between August 1, 1992 and April 6th, 2009. (Player must turn 3 by April 7th, 2012)

====>			BOY GIRL <u>Circle one</u> Date of Birth	
Player:	Last Name	First Name		MI
Soccer Parent:	Last Name	First Name		
Address				
City		State	Zip Code	
Home Phone	Cell Phone	Work Phone		
Home Email Address		Work Email Address		
Other Parent: Name	Home Phone	Cell Phone	Work Phone	
Email Address				
Emergency Contact (other than parents)		Phone	Medical Information	
Doctor: Name	Phone	Medical Information (cont)		
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
Person volunteering:	

CALENDAR FOR Spring 2012	
Register October 24 th – Jan 31 st	\$55 per player
Register Feb 1 st – Feb 25 th	\$65 1 player
	\$120 2 players
	\$165 3 players
Oct 24 th through Feb 25 th : No additional charge for more than 3 players	
After Feb 25th - 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)