

Clear Spring Soccer Registration Form

Spring 2012

ONE FORM PER PLAYER: PLEASE FILL OUT ALL INFORMATION

Player Information: Please fill out the entire form and do not leave any section blank.

Players Name: _____

Gender Group: Female Male

Address: _____

DOB: ____/____/____

City/State/Zip: _____

Did Your Child Play in the Fall of 2011?

Yes No If Yes what Team _____

Home Phone: (____) _____ - _____

Team Preference: Competitive Recreational

Cell Phone: (____) _____ - _____

School District: _____

Email: _____

Shirt Size: YS YM YL YXL AS AM AL AXL

Alternate Address of Mother or Father if applicable:

Address: _____

Please list other siblings playing for C.S.S.C. and their age group. Each child has to have their own form.

City/State/Zip: _____

Home Phone: (____) _____ - _____

Cell Phone: (____) _____ - _____

Email: _____

1. _____

Email: _____

2. _____

Email: _____

3. _____

Does this child have any medical problems? Yes / No

If Yes, please describe: _____

Medical Insurance Provider: _____

Address: _____

Phone: (____) _____ - _____ Policy Number: _____

Please circle one of the areas below that you would feel most comfortable helping with:

Head Coach Assistant Coach Team Mother Team Sponsor

Team Sponsor (\$200 for each team except U-14 which is \$400.00)

Sponsor Name: _____

Contact Name: _____ Contact Phone: _____

Cost is \$50 for first child; \$10 less for each consecutive child. (\$60 after **January 20th deadline**)

Checks Payable: Clear Spring Soccer Club Mail to: C.S.S.C. P.O. Box 205 Clear Spring, MD 21722

I, _____, the parent/legal guardian of, _____ give my permission for him/her to play soccer. I am aware of the fact that soccer is a physically demanding sport in which injuries may occur. In my opinion my son/daughter is physically able to play soccer. I affirm that all information above regarding my son/daughter is complete and correct. I have read the above statement and agree to uphold the policies and procedures of Clear Spring Soccer Club.

Parent/Guardian Signature: _____ **Date:** _____