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 \* **Community Soccer Club** \*  
 \* **REGISTRATION FORM FOR SPRING 2008** \*  
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FEE SCHEDULE: First Child: \$35  
 Second Child: \$30  
 Third Child: \$25  
 Fourth & up: Free

Please mail check, this form, and 2 copies of the medical form to:

Community Soccer Club  
 PO Box 22  
 Middlebranch, OH 44652

\*\*\* Make your check payable to "Community Soccer Club" \*\*\*

\*\*\* CSC jersey available for \$15.00 and soccer shorts available  
 \*\*\* for \$7.00 at Diamond Sports Center on game days \*\*\*

**!!! REGISTRATION DEADLINE: MARCH 10, 2008 !!!**

LAST NAME ..... \_\_\_\_\_  
 FIRST NAME ..... \_\_\_\_\_  
 MIDDLE NAME .... \_\_\_\_\_  
 ADDRESS .... \_\_\_\_\_  
 CITY & ZIP ... \_\_\_\_\_  
 SCHOOL SPRING 2008 ... \_\_\_\_\_  
 GRADE SPRING 2008 .... \_\_\_\_\_

PHONE NUMBER .... \_\_\_\_\_  
 BIRTHDAY (MM-DD-YY) . \_\_\_\_\_  
 PARENT / GUARDIAN EMAIL ADDRESS:  
 \_\_\_\_\_

\*\*\*\*\*  
 \* 5<sup>th</sup> THRU 8<sup>th</sup> GRADE GIRLS TEAM? Y / N \*  
 \* \* \* \* \*  
 \* RETURNING PLAYER? Y / N \*  
 \* \* \* \* \*  
 \* PREVIOUS TEAM No (if known) \_\_\_\_\_ \*  
 \* \* \* \* \*

FATHER'S NAME ..... \_\_\_\_\_ MOTHER'S NAME ..... \_\_\_\_\_  
 FATHER'S HOME PH ..... \_\_\_\_\_ MOTHER'S HOME PH ..... \_\_\_\_\_  
 FATHER'S WORK PH ..... \_\_\_\_\_ MOTHER'S WORK PH ..... \_\_\_\_\_

If you can help, please circle or check one or more of the volunteer sections below and indicate your first name in the space provided:

COACH ASST COACH REGISTRATION BOARD MEMBER KINDERGARTEN  
 COACHES CLINIC OTHER \_\_\_\_\_ First Name: \_\_\_\_\_

REQUESTS (Special requests are considered but not guaranteed. No requests accepted after registration deadline. We cannot honor requests for a particular coach or a particular practice day/time. Please indicate here if you want your child to "play up").

**FOR THE SPRING 2008 SEASON:**  
 I request that the above named child be permitted to participate in the Community Soccer Club program for the current season. In consideration of being accepted into this program, I do waive, release, and discharge the Community Soccer Club program, the Soccer Board, the Officers, the Coaches, the Referees and the Owners of the soccer fields and facilities utilized by the program of any and all liability for illness or injury to the child resulting from or in any manner connected with participation of the child in the Community Soccer Club program. I have read the Refund Policy and agree to abide by its terms. I also hereby grant my express consent to allow the child's photograph (but not name) to be used in Club promotional materials including posting on the Club website.

\_\_\_\_\_  
 (PARENT / GUARDIAN SIGNATURE) (DATE)

CSC Use Only:  
 AMOUNT PAID: \_\_\_\_\_ CHECK NO: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_ RECEIPT #: \_\_\_\_\_