

# CAPITAL SOCCER ASSOCIATION



## Spring 2010—CSA Registration Form

Copies of Birth Certificates are required for All Rec Plus and U14/U18 Players who did not play with CSA in 2008-09.

**COED PROGRAM:**  Skeeters (\$50)  U6-U8 Coed (\$65)  U9 through U18 Coed (\$75)  
**GIRLS ONLY PROGRAM:**  U12 (\$75)  U14 (\$75)  
**REC PLUS PROGRAM**  U12 (\$100)  U14 (\$100)

### Child's Information (Please Print)

Player's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_  
Street Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_ Age on July 31, 2009 \_\_\_\_\_  
Medical Conditions: \_\_\_\_\_ Drug Allergies: \_\_\_\_\_  
Has the child played organized soccer before?  Yes  No If yes, how many seasons? \_\_\_\_\_  
Did your child play with CSA in 2008-09?  Yes  No If yes, which age division: \_\_\_\_\_  
Name of Coach: \_\_\_\_\_ Player's Skill Level:  Beginner  Intermediate  Advanced  
Name(s)/age(s) of siblings who are also registering with CSA this season: \_\_\_\_\_  
Please let us know any days during the week that your child **cannot** practice. \_\_\_\_\_

### Mother's Information

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell/Other Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_

### Father's Information

Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_  
Cell Other: \_\_\_\_\_  
Email Address: \_\_\_\_\_

I can help CSA by being a:  Business Sponsor  Coach  Assistant Coach  Team Parent

Name of Business: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Photographs:** CSA occasionally places group photos or individual action photos on our website (without identifying information). If you do NOT want a photo of your child placed on our website, check here:

**Permission to Participate:** I, the parent/guardian of the registrant, agree that I, and the player registrant, will abide by the rules of the Capital Soccer Association (C.S.A.), the Florida Youth Soccer Association (FYSA), and the United States Youth Soccer Association (USYSA) and its affiliated organizations. Recognizing the possibility of physical injury associated with soccer and in consideration for the registrant being accepted as a participant in this soccer program, I hereby release C.S.A., Warner Sports Promotions, FYSA, USYSA, their affiliated organizations, and all persons, officers, coaches, and officials, including the owners of fields and facilities used for the program, from any and all liability of every nature, kind and description as a result of any injuries, hurt or damage sustained as a result of his/her participation in this soccer program and/or transportation to or from the same. I, the undersigned, verify that the information on this registration form is accurate and complete.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### FOR CSA USE ONLY:

Division SK U6 U7 U8 U9 U10 U12 U14 U16/U18

DOB Verified Yes No U12G U14G

Form of Payment: Check No: \_\_\_\_\_ Cash: \_\_\_\_\_

Amount Paid: \_\_\_\_\_

Reg. Accepted by \_\_\_\_\_ Date: \_\_\_\_\_

**Please Return by February 15, 2010 to:**

Capital Soccer Association

PO Box 10813

Tallahassee, FL 32302-0813