

**CDA RECREATION DEPT
2017 FALL SOCCER**



Name: _____ School: _____

Address: _____ City/Zip: _____

DOB: _____ Age: _____ Grade: _____ Boy: _____ Girl: _____

Parents names: _____ Phone: _____

E-mail: _____

Would you like to be added to our email list for upcoming activities? Yes _____ No _____

CHECK PLAYERS GRADE:

K or must be 5
1st Gr

2nd Gr
3rd Gr
4th Gr

5th Gr
6/7th Gr
8th Grade

IF YOUR CHILD NEEDS A LARGER SHIRT THAN NORMAL, CHECK THE BOX & LIST THE SIZE. _____

WE WILL NEED A VOLUNTEER TO **COACH** SOCCER. WILL YOU COACH? Yes _____

COACH NAME: _____ COACH EMAIL: _____

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with SOCCER, I hereby release, discharge, and/or indemnify the Cd'A Rec.Dept., its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity. **CONSENT FOR MEDICAL TREATMENT (Minor):** As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: _____

FEE: Resident (\$15) _____ Non-Res (\$25) _____ Late fee \$5 after 16-Aug

If you want to **SPONSOR** a team, please fill out the following information:
Cost is \$135. Your logo and shirt color choice is due by August 16.

Sponsor Name: _____ Contact: _____

Business Address: _____ City/Zip: _____

E-mail: _____ Phone: _____

Shirt color: _____ Print color: _____