

**YOUTH PLAYER  
Spring 2012 Registration**

**Calcasieu Soccer Club**

P.O. Box 6398, Lake Charles, LA 70606

[www.cscsoccercub.org](http://www.cscsoccercub.org)



REGISTRATION FEES		
	Spring Season	Jersey Fee Payable to Third Coast Soccer
U6-U8	\$ 60.00	\$30.00 + tax
U9-U10	\$ 65.00	\$30.00 + tax
U11-U18	\$ 70.00	\$30.00 + tax

**REGISTRATION DATES:**

**1/8/2012 through 2/19/12**

**REGISTER ONLINE OR MAIL FORMS TO: PO BOX 6398, LAKE CHARLES, LA 70606**

**\*\*\*\*\*NO CASH ACCEPTED\*\*\*\*\* CHECKS, MONEY ORDERS & CREDIT CARDS (ONLINE) ONLY!**

PLAYERS LAST NAME		FIRST NAME	MI.	DATE OF BIRTH
MAILING ADDRESS		CITY, STATE	ZIP CODE	
HOME PHONE:	CELL PHONE:	WORK PHONE:		
<b>EMAIL ADDRESS</b> <b>VERY IMPORTANT</b>				Circle one  MALE FEMALE
<b>COMPLETE THIS SECTION IF UNDER AGE 18:</b>				
MOTHER'S or GUARDIAN'S NAME		HOME PHONE	WORK PHONE	
FATHER'S or GUARDIAN'S NAME		HOME PHONE	WORK PHONE	

List any medical problem or prohibition player has \_\_\_\_\_

**TEAM REQUEST / TEAM REPRESENTATIVE'S NAME:**

Volunteer		
Coach	Referee	League Sponsor
Assistant Coach	Team Sponsor	
Team Parent	Board Member	

PLAYING EXPERIENCE
_____ YEARS

PLEASE CHECK APPROPRIATE BOX:

US CITIZEN

YES  NO

Name of team in Fall Season \_\_\_\_\_

RELEASE AND DISCLAIMER	
Soccer is a contact sport including risk of serious injury, disability or death. Not all risks are foreseeable. In consideration of being allowed to participate, I agree to release, waive, and covenant not to sue USASA or affiliates on account of injury, death or property damage alleged to be caused in whole or in part by affiliates' actions or omissions. I HAVE READ THE RELEASE & DISCLAIMER AND RECOGNIZE THAT I GIVE UP SUBSTANTIAL RIGHTS BY SIGNING. I KNOWINGLY ASSUME THE RISK.	
PLAYER'S SIGNATURE _____	DATE _____

PARENTAL AUTHORIZATION (IF PLAYER IS UNDER THE AGE OF 18)
I, the parent, guardian of the registrant, a minor, agree that I and the registrant 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 the fields and facilities utilized for the Programs, against any claim by or on 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.

ICSA OFFICE USE ONLY
TEAM ASSIGNED: _____
RECEIVED BY: _____
PAYMENT BY: Cash ___ Check ___ Money Order ___
AMOUNT: _____ Check # _____

CONSENT FORM MEDICAL TREATMENT (MINOR)
As the 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 the life, limb or well-being of my dependent.
BY: _____ <b>PLEASE PRINT THE NAME OF PARENT OR GUARDIAN</b>
Signature: _____ Date: _____

Please Circle Age Group and TeamType			
(CO-ED TEAMS ONLY)			
U5/U6			
U7/U8	BOY	GIRL	COED
U9/U10	BOY	GIRL	COED
U11/U12	BOY	GIRL	COED
U13/U14	BOY	GIRL	COED
U15/U16	BOY	GIRL	COED

**IMPORTANT NOTICE:**

**REFUND POLICY:**

100% up to last day of registration period  
50% from end of late registration up to 1st game  
\$0 after 1st game is played