

**CORPUS CHRISTI CYO SOCCER
INSTRUCTIONAL SOCCER REGISTRATION
FALL 2009 – BOYS & GIRLS GRADE PRE-K (4 YEARS OLD) – 3 GRADE FALL 2009**

PLAYERS FIRST NAME _____ PLAYERS LAST NAME _____

HOME ADDRESS _____ CITY/TOWN _____

BIRTH DATE _____ GRADE FALL 2009 _____ GENDER _____

PARENTS/GUARDIANS NAME _____

HOME PHONE _____ CELL PHONE _____

E-MAIL ADDRESS _____

HAS YOUR CHILD EVER PLAYED SOCCER? _____ YES _____ NO IF YES, LAST YEARS COACH _____

IS THERE ANY MEDICAL OR LEARNING CONDITION WE SHOULD BE AWARE OF (EX. ALLERGIES, BEE STINGS, ASTHMA, KNEE PROBLEMS)?

CONDITION _____ TREATMENT _____

OUR PARENTS ARE NEEDED TO VOLUNTEER THEIR TIME TO HELP CONTINUE TO MAKE OUR SPORTS PROGRAM A SUCCESS. PLEASE INDICATE ANY AREA WHICH YOU WOULD LIKE TO HELP.

_____ COACH _____ ASSISTANT COACH _____ TEAM PARENT

I RELEASE AND HOLD HARMLESS CORPUS CHRISTI CYO, THE OWNERS AND OPERATORS OF THE FACILITIES USED FOR ITS SOCCER PROGRAMS AND THEIR RESPECTIVE DIRECTORS, OFFICERS, COACHES AND REPRESENTATIVES FROM ANY AND ALL LIABILITY TO ME OR MY CHILD AS A RESULT OF ANY CORPUS CHRISTI CYO FUNCTION/PRACTICE/GAME/TRANSPORTATION. FURTHERMORE, MY CHILD IS PHYSICALLY FIT, EXCEPT AS NOTED ABOVE TO PARTICIPATE IN ANY AND ALL SOCCER ACTIVITIES. I HEARBY AUTHORIZE CORPUS CHRISTI CYO TO ACT FOR ME IN A MEDICAL EMERGENCY IN THE EVENT I CANNOT BE IMMEDIATELY CONTACTED. THIS CARE MAY BE GIVEN UNDER WHATEVER CONDITONS ARE NECESSARY TO PRESERVE LIFE, LIMB, OR WELL BEING OF MY DEPENDANT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____

REGISTRATION FEES

1 PLAYER - \$50

2 PLAYERS - \$90

3 PLAYERS - \$130

CHECKS PAYABLE – CORPUS CHRISTI CYO SPORTS
(REGISTRATION MONEY IS NON-REFUNDABLE AT THE START OF THE SEASON)

PLEASE DO NO WRITE BELOW THIS LINE

_____ INSTRUCTIONAL LEAGUE DATE _____ CHECK # _____ CASH _____ REC'D BY _____

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REGISTRATION DATES

TUESDAY, JUNE 23RD, THURSDAY, JUNE 25TH, WEDNESDAY, JULY 1ST,
TUESDAY, JULY 7TH
FROM – 6:00 PM -7:30 PM
AT THE CORPUS CHRISTI GARAGE