



PLEASE FILL OUT THIS FORM AS COMPLETELY AND ACCURATELY AS POSSIBLE!

OFFICIAL USE ONLY

U6 8/1/2003-7/31/2005 _____
 U8 8/1/2001-7/31/2003 _____
 U10 8/1/1999-7/31/2001 _____
 U12 8/1/1997-7/31/1999 _____
 U15 8/1/1994-7/31/1997 _____

Recreational Indoor Soccer League

Check One BOY _____ GIRL _____
 D.O.B _____ AGE _____
 SCHOOL _____
 Requested Coach _____
 Requested Friend _____

Player Name _____
Last First Middle Initial

Parent/Guardian _____
 Address _____
 City _____ State _____ Zip _____
 Phone(H) _____ (W) _____
 Cell _____
 Email _____

Parent/Guardian _____
 Address _____
 City _____ State _____ Zip _____
 Phone(H) _____ (W) _____
 Cell _____
 Email _____

Emergency Information

- Medical Conditions or Allergies _____
- In case of Emergency notify: Doctor _____ Phone _____
- Emergency contact other than parent _____ Phone _____

RELEASE OF LIABILITY

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CISC and the USYSA, its affiliated organization & sponsors. Recognizing the possibility of physical injury associated with soccer & in consideration for the CISC and the USYSA accepting the registrant for its soccer programs and activities. I hereby release, discharge and/or otherwise indemnify the CISC and the USYSA, their employees & associated personnel, including owners of fields & facilities utilized for the programs and/or being transported to or from the same, which transportation I hereby Authorize.

CONSENT FOR MEDICAL TREATMENT

As a parent or legal guardian of the above named player, I hereby give the 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.

Signature of Parent/Guardian: _____ Date: _____

PRINT Name of Parent/Guardian _____

Volunteer Support

We ask for active participation of all parents in our program. Please check and area that you would be willing to help.

____ Coach or Assistant ____ Tryouts
 ____ Team Management ____ Team Treasurer
 ____ Fundraising ____ Office Help

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**\$25 NSF FEE
for all returned checks**

Recreational Indoor Fees

____ \$75.00 CISC Fee (9/1/08-8/31/09)
 ____ \$15.00 AYSA Insurance Fee (9/1/08-8/31/09)
 ____ \$123.00 U6/U8 Age Group
 ____ \$141.00 U10/U12 Age Group
Total Due \$ _____ (\$213-U6/U8, \$231-U10/U12)