

HIGH SCHOOL CO-ED

2010 CUSA Fall Recreational Soccer Program Registration Form

*Mail completed registration form and payment
by Sep 8th, 2010 to:*

**Centerville United Soccer Assoc.
P.O. Box 751831
Centerville, OH 45475**

REGISTRATION FEE:

**HIGH SCHOOL COED \$ 80.00
Non residents add \$5.00**

TREASURER'S USE ONLY

Player # _____

Date Paid: _____

Check No. _____

Total Amount: _____

ALL FEES MUST BE PAID IN FULL AND THE RELEASE SECTION OF THIS FORM MUST BE COMPLETED TO BE ACCEPTED

MALE FEMALE

GRADE 2010: (CIRCLE ONE): (Minors) 9 10 (Seniors) 11 12

LAST NAME _____ FIRST NAME _____ INITIAL _____ AGE _____ DATE OF BIRTH _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____ HOME PHONE _____

FATHER'S/GUARDIAN'S NAME _____ PHONE (IF DIFFERENT) _____ WILLING TO: HEAD COACH ASST COACH

MOTHER'S/GUARDIAN'S NAME _____ PHONE (IF DIFFERENT) _____ (name of person willing to coach) _____

EMAIL ADDRESS _____

LIST ANY MEDICAL CONDITIONS AND/OR ALLERGIES OF THIS PLAYER _____

SIBLINGS/FRIENDS: (List names of siblings and/or friends you would like placed on the same team - if registering as a team, you must also complete the team registration form - available on line)

PLAYER RELEASE: READ AND SIGN THE RELEASE BELOW

CENTERVILLE UNITED SOCCER ASSOCIATION / CENTERVILLE-WASHINGTON PARK DISTRICT RELEASE AGREEMENT:

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of CUSA and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for CUSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and otherwise indemnify CUSA and its affiliated organizations and sponsors, its members, coaches, officers, employees and associated personnel against any claim by or on behalf of the registrant as a result of the registrant's participation in the Programs. Additionally, I understand the risks of participating in soccer and hereby consent for my child to participate in the activities of use the facilities of the Centerville-Washington Township Park District. I hereby release, indemnify, and hold harmless the Centerville-Washington Township Park District, it's commissioners, agents, employees and assignees from any liability, claims, actions, demands and judgments arising out of any injury or loss sustained by the above named child or myself in connection with program and/or Park District activities or facilities.

Centerville/Washington Township resident (circle one): YES NO

SIGNATURE OF PARENT OR LEGAL GUARDIAN

DATE