

# Copper Country Soccer Association 2007 Registration Form

Forms available at: [www.coppercountrysoccer.org](http://www.coppercountrysoccer.org)

**FEE:** \$55 for age 6 to 18 years old;  
\$35 for age 4 to 5 years old:

Make checks to **CCSA** and mail to:  
**CCSA Registration**  
PO Box 756  
Houghton, MI 49931



**After** 2 fees paid from one family,  
each additional family member is \$35.

IMPORTANT: Birth Certificate required for all first year players at registration.

**REGISTRATION NIGHT: TUE. APRIL 17<sup>th</sup>, HOUGHTON HIGH SCHOOL 7:00 - 9:00 PM**



**DEADLINE:** All mailed registration forms must be received by **Tuesday, April 17<sup>th</sup>, 2007.**  
Players registering late will **only** be placed on a team if there is a drop, and **\$10.00 late fee** is paid

## Player Information

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City and Zip \_\_\_\_\_ Telephone: \_\_\_\_\_

Sex: M F Date of birth: mo \_\_\_\_\_ day \_\_\_\_\_ yr \_\_\_\_\_ Age (on 8/1/07) \_\_\_\_\_

## Parent/Guardian

Parent/Guardian(s): \_\_\_\_\_

Phone (h) \_\_\_\_\_ Alternate Phone (work or cell) \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent) \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**VERY IMPORTANT:** Please list any known dates that the player will be gone during the season:

**AGE 12 UP – IF YOU MISS 5 OR MORE GAMES IN THE REGULAR SEASON YOU CANNOT PLAY IN THE PLAYOFFS**

**AGE 12 UP – ARE YOU INTERESTED IN PLAYING GOAL KEEPER?**  YES  NO  SOME

## Parent Volunteer Choices (see descriptions on website)

Head Coach \_\_\_\_ Age Div. \_\_\_\_ Asst Coach \_\_\_\_ Age Div. \_\_\_\_ Field Lining \_\_\_\_

Does the player have allergies, medications, or special medical conditions? If none write "none".

\_\_\_\_\_

## Release of Liability agreement and consent for emergency medical treatment:

- I hereby agree that the Copper Country Soccer Association (CCSA) and the Soccer Association for Youth (SAY) their members, coaches, or officers shall not be liable for any injury or loss that my child or children may sustain while participating in activities of any kind whether sponsored by or under the supervision of CCSA or SAY, and I agree to indemnify and to hold harmless CCSA and SAY, their members, coaches, and officers or designates of any kind from any claim whatsoever.
- I give permission for emergency medical treatment for illness or accident if I cannot first be contacted.
- I agree to adhere to the CCSA constitution's regulation code of conduct found at [www.coppercountrysoccer.org](http://www.coppercountrysoccer.org); including leaving the soccer game when told to by a referee.

**Parent Signature:** \_\_\_\_\_ (Must sign to play)

**League use only:** Age \_\_\_\_\_ Division \_\_\_\_\_

**Amt. Paid** \_\_\_\_\_ **Check #** \_\_\_\_\_ **Date rec'd.** \_\_\_\_\_ **Birth date checked** \_\_\_\_\_