

Copper Country Soccer Association 2008 Registration Form

Forms available at: 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: APRIL 17th, HOUGHTON HIGH SCHOOL 6:00 - 8:00 PM



DEADLINE: All mailed registration forms must be received by **Thursday, April 17th, 2008.**
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 8/1/08) _____

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; 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** _____