



CHATHAM SOCCER LEAGUE REGISTRATION



PLAYER INFO

CHATHAM SOCCER LEAGUE REGISTRATION SPRING 2012

PARENT/LEGAL GUARDIAN:

_____ - _____ - _____
 First Name M.I. Last Name

 Street Address

_____ - _____ - _____
 City Zip Code

Birth Date:

_____ - _____ - _____
 Month Day Year

MALE or FEMALE
 (circle one)

 Coach or Team Played on Last Season (if applicable)

 Full Name

_____ - _____
 Home Phone Work or Cell

 Email Address

SPONSOR A CHILD TO PLAY SOCCER

I would like to donate to the scholarship fund in the following amount: \$ _____
 (Receipts available for your contribution)

Waivers: We, Parent(s)/legal guardian(s) of named player on this form do hereby declare our intent to allow that child to practice, play, and participate in all soccer-related activities. We agree that the registrant and we will abide by the rules of the league and of the United States Youth Soccer Association. Recognizing the possibility of physical injury associated with soccer, we hereby release, discharge, and/or otherwise indemnify the USYSA, the Chatham Soccer League, their employees and associated personnel, including the owners of fields and facilities utilized for the programs, against any claim by or on behalf of registrant, as a result of the registrant's participation in the programs and/or being transported to or from the same, which transportation we hereby authorize.

We further release, discharge, and agree to hold harmless and indemnify any one of the designated coaches of the team from any and all liability, claims or demands arising from the registrant participating in the soccer programs with the team specifically to include any and all claims for personal injuries sustained while present or participating in said soccer program or traveling to or from events in said soccer program or while on trips sponsored or in conjunction with said soccer program.

In addition, we do hereby authorize the coach or any one of the designated adults of the team, if after a reasonable attempt has been made to reach a parent or guardian to obtain consent, or if sound medical practice decrees that there is not time to make such an attempt, to consent to any medical or surgical diagnosis or treatment, and hospital care, to be rendered to the registrant under the general specific supervision and on the advice of any physician duly licensed to practice. * **NO JEWELRY ALLOWED** *

 Parent/Legal Guardian Signature Date

 Parent/Legal Guardian Signature Date

Choose Practice Areas (Label 1st & 2nd Choice)
 Practice areas are NOT guaranteed. Every effort will be made to assign your child to the requested area, but you may receive another area in order to balance rosters. Spring registration of returning fall players will get priority on rosters up until the regular registration deadline.

Moncure _____ Pittsboro _____ Big Woods _____ North Chatham _____ Perry Harrison _____
 (The Preserve)

Woods Charter _____ Siler City _____

Registration Fees Schedule:

Postmarked by:	Scholarship* (Free/Reduced Lunch Program)	U6 (Born 8/1/2005-7/31/2007)	U8 - U18
January 7, 2012	\$50	\$70	\$90
Jan. 8, 2012-Feb. 18, 2012	\$50	\$85	\$105
After February 19, 2012	\$50	\$100	\$145

****Scholarship** Requires copy of letter from school of free/reduced lunch to be approved.**

Circle all that apply: Special Medical Needs Partial Scholarship Requested
 Licensed Head Coach (Child Plays Free) Willing to Volunteer

Coach License Held: Youth I / Youth II / Youth III / E / D / C / B / A / Other

Mail: Form, Check and a Copy of Player's Birth Certificate
 (Payable: Chatham Soccer League)
To: CSL Rec. Registration
PO Box 875
Pittsboro, NC 27312

No Refunds. \$29.00 Surcharge for any returned checks.

Calendar- SPRING 2012

Youth I Coaching Clinic - TBD
Youth II Coaching Clinic - TBD
Coaches & Parents Meetings - February 18, 2012
Practices Begin - Week of February 20, 2012
Games Begin - March 3, 2012

***** For administration use only. Do not write below. *****

Registration fee | cash | check number | date postmarked | birth certificate | notes

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