

**CDA RECREATION DEPT  
2016 FALL SOCCER**



Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Boy: \_\_\_\_\_ Girl: \_\_\_\_\_

Parents names: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Would you like to be added to our email list for upcoming activities? Yes \_\_\_\_\_ No \_\_\_\_\_

CHECK PLAYERS GRADE:

<input type="checkbox"/>	K or must be 5	<input type="checkbox"/>	2nd Gr	<input type="checkbox"/>	5th Gr
<input type="checkbox"/>	1st Gr	<input type="checkbox"/>	3rd Gr	<input type="checkbox"/>	6/7th Gr
		<input type="checkbox"/>	4th Gr	<input type="checkbox"/>	8th Grade

☐ IF YOUR CHILD NEEDS A LARGER SHIRT THAN NORMAL, CHECK THE BOX & LIST THE SIZE. \_\_\_\_\_

WE WILL NEED A VOLUNTEER TO **COACH** SOCCER. WILL YOU COACH? Yes \_\_\_\_\_

COACH NAME: \_\_\_\_\_ COACH EMAIL: \_\_\_\_\_

I, the parent/guardian of the registrant, a minor, agree that the registrant and I will abide by the rules of the Cd'A Rec. Dept., its affiliated organizations, and sponsors. Recognizing the possibility of injury associated with SOCCER, I hereby release, discharge, and/or indemnify the Cd'A Rec. Dept., its affiliated organizations, and sponsors, their employees and associated personnel against any claim by or on behalf of the registrant as a result of participation in this activity. **CONSENT FOR MEDICAL TREATMENT (Minor):** As the parent/legal guardian I give my consent for emergency medical care prescribed by a duly licensed doctor of medicine/dentistry. This care may be given under whatever conditions necessary to preserve life, limb, or well being of my dependent.

PARENT SIGNATURE: \_\_\_\_\_

**Cash or check accepted only.**

FEE: Resident (\$11) \_\_\_\_\_ Non-Res (\$22) \_\_\_\_\_ Late fee \$5 after August 16

If you want to **SPONSOR** a team, please fill out the following information:

Cost is \$135. Your logo and shirt color choice is due by August 12.

Sponsor Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

Shirt color: \_\_\_\_\_ Print color: \_\_\_\_\_