

**CDA RECREATION DEPARTMENT  
2012 SPRING SOCCER**

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

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

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

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

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

Do you currently receive e-mails from us regarding upcoming activities? Yes \_\_\_ No \_\_\_

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CHECK PLAYERS GRADE:


K  
1st Gr


2nd Gr  
3rd Gr  
4th Gr


5th Gr  
6/7th Gr

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

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

PRINT NAME: \_\_\_\_\_ EMAIL: \_\_\_\_\_

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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: \_\_\_\_\_

FEE: Resident (\$11) \_\_\_\_\_ Non-Res (\$22) \_\_\_\_\_ Late Fee: \$5 after March 13

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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 March 13.

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

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

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

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