

# Catoosa Soccer Association

catoosasoccer.com

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## Player Registration

### Registration Fees

**U4-U6** \$55

**U7-U19** \$85

**Uniform fee (if needed)** \$60

### Instructions

Please complete all sections with as much information as possible. An **email address** and **birth certificate** are required by the league. **Players cannot be placed on a team until registration is complete** (with birth certificate) and registration fees are paid (including uniform fees if applicable).

### Player Information

Female

Male

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Suite #: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

### Uniform Information

Does the player require a new uniform to be purchased (\$60 - 2 team shirts, socks, pair of soccer shorts)?

**Note: Team shirts are included for U4-U6 players**

Yes  No

If Yes – preferred jersey number (availability not guaranteed – please provide 3 choices): \_\_\_\_\_

Shirt Size  Youth Small  Youth Medium  Youth Large  Small  Medium  Large  XL

Shorts Size  Youth Small  Youth Medium  Youth Large  Small  Medium  Large  XL

Socks Size  Youth Small  Youth Medium  Youth Large  Small  Medium  Large  XL

Shirts (Guideline)							
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE	ADULT SMALL	ADULT MEDIUM	ADULT LARGE	ADULT X-LARGE	ADULT 2X-
LARGE							
24"-26"	26"-28"	30"-32"	34"-36"	38"-40"	42"-44"	46"-48"	50"-52"
Shorts (Guideline)							
YOUTH SMALL	YOUTH MEDIUM	YOUTH LARGE	ADULT SMALL	ADULT MEDIUM	ADULT LARGE	ADULT X-LARGE	ADULT 2X-
LARGE							
22"-24"	24"-26"	26"-28"	30"-32"	32"-34"	36"-38"	40"-42"	44"-46"
Socks (Guideline)							
	CHILDREN (Shoe Size)	MENS/BOYS (Shoe Size)	LADIES (Shoe Size)				
SMALL	6-13	1					
MEDIUM	13 1/2-3	1 1/2-6 1/2	2 1/2-7 1/2				

### Parent/Guardian Information

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

Apt/Suite #: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Mobile Phone: \_\_\_\_\_

Mobile Carrier (for messaging purposes only): \_\_\_\_\_

## **Emergency Contact Information (Parent/Guardian backup)**

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

Address: \_\_\_\_\_ Apt/Suite #: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

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

## **Player Information – Allergies, Medications, and Special needs (in none, please state “None”)**

Physician's Name: \_\_\_\_\_ Physician's Phone: \_\_\_\_\_

## **Parent/Guardian Consent and Medical Release**

*Recognizing the possibility of injury or illness (including Covid-19) and in consideration for US Club Soccer and its members accepting my son/daughter as a player in the soccer programs and activities of US Youth Soccer and its members (the “Programs”), I consent to my son/daughter participating in the Programs. Further, I hereby release, discharge, and otherwise indemnify US Club Soccer, its member organizations and sponsors, their employees, associated personnel, and volunteers, including the owner of fields and facilities utilized for the Programs, against any claim by or on behalf of my player son/daughter as a result of my son's/daughter's participation in the Programs and/or being transported to or from the Programs. I hereby authorize the transportation of my son/daughter to or from the Programs.*

*My player son/daughter has received a physical examination by a license medical doctor and has been found physically capable of participating in the sport of soccer. I have provided written notice, which is submitted in conjunction with this release and attached hereto, setting forth any specific issue, condition, or ailment, in addition to what is specified above, that my child has or that my impact my child's participation in the Programs. I give my consent to have an athletic trainer and/or licensed medical doctor or dentist provide my son/daughter with medical assistance and/or treatment and agree to be financially responsible for the reasonable cost of any such assistance and/or treatment.*

I/We have read, understand and agree to comply with the Parent/Guardian Consent and Medical Release as outlined above.

## **Code of Conduct**

I/We have read, understand and agree to comply with the Parent/Guardian and Player Code of Conduct and will act accordingly.

With my signature below, I attest that all information is true to the best of my knowledge and will adhere to the Bylaws and Standing Resolutions of Catoosa Soccer Association, as well as any other policies in place.

Signature: \_\_\_\_\_

\*\*\*\*\*CSA Use Only\*\*\*\*\*

Age division (Fall/Spring Season) = Current Spring Season – Birth Year

Age division: \_\_\_\_\_ Payment method: CC Check Cash Birth Certificate Received: Yes / No