



# Carlisle Soccer Club Inc. Fall 2008 Registration Form

For club information, visit our web site at [www.carlisesoccer.org](http://www.carlisesoccer.org)

*Encouraging teamwork, sportsmanship and cooperation among our community's children.*

Return or Mail to: Dawn Payne, Registrar, 989-0671, P.O. Box 254, Carlisle Iowa, 50047

**PLAYER INFORMATION:** Please use a separate form for each player - photocopies accepted

**ALL NEW PLAYER TO CSC,** attach a photocopy of state issued birth certificate. Hospital issued birth certificates are not acceptable.

Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender: \_\_\_

Age as of 8/1/2007: \_\_\_ (must be at least 4 years old on 8-1-076)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code \_\_\_\_\_

Mother Bday (mmdm-required) \_\_\_\_\_ Home Phone: \_\_\_\_\_

Family Email (optional): \_\_\_\_\_ Check if new address from previous season: \_\_\_

Has player played for Carlisle Soccer Club? Yes \_\_\_ No \_\_\_ Most recent Coach: \_\_\_\_\_ Number of Seasons Played: \_\_\_\_\_

U12 Team Preference: U12 Coed \_\_\_ U12 Girls \_\_\_ None \_\_\_ U10 Team Preference: U10 Coed \_\_\_ U10 Girls \_\_\_ None \_\_\_

**PARENT INFORMATION:**

Father/Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Mother/Guardian \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**REGISTRATION FEE:**

ON OR BEFORE 6/15/08: \$65.00 After 6/15/07: \$15.00 Late Fee Applies

Registration forms must be postmarked or received by 6/15/08 or late fee will apply and team availability is not guaranteed. Payment or scholarship application and state issued birth certificate, for new player, must accompany registration form or your player will not be registered.

Make Checks Payable To: **Carlisle Soccer Club** (\$25.00 charge will be applied for any returned checks)

**RECREATIONAL VOLUNTEER POLICY:**

Our organization depends on parent volunteers. If your schedule will not allow you to volunteer a **Volunteer Buyout fee of \$25 is required with payment.** Please select a volunteer option from the list below.

Coach: \_\_\_ Referee: \_\_\_ Grounds Work \_\_\_ Fundraising Helper: \_\_\_ Board Member: \_\_\_ Concessions: \_\_\_ Team Parent: \_\_\_

Name Of Volunteer: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FUNDRAISING POLICY:**

I understand that Carlisle Soccer Club registration fees are competitive with other sports activities in the community and lower than most soccer clubs across the state. To keep those fees low, continue to develop our soccer complex and allow as many players to play as possible, my family is expected to actively participate in a Club-wide fundraising effort during the season.

**MEDICAL CONSENT TO TREAT A MINOR AND CSC RELEASE**

We understand that our child may become injured or ill during a Soccer Club activity or during transportation to or from such activities even though he/she is physically fit. We give our permission for Carlisle Soccer Club representatives and coaches to take emergency action on behalf of our child and to transport the child to emergency facilities when we are not present or available. We also give our permission to have an Athletic Trainer, Medical Doctor, Dentist, Nurse, Hospital or clinic provide medical assistance and/or treatment. All expenses associated with treatment will be the responsibility of the player. I hereby release, discharge and/or otherwise indemnify Carlisle Soccer Club, it's affiliated organization and sponsors, their employees and associate personnel, including the owners of the fields and facilities utilized for the Programs against any claim by or on behalf of the registrant as a result of the registrant's participation in the program and/or being transported to or from same, which transportation I hereby authorize. Please be aware that players' emergency information will be provided to all coaches and any other person responsible for the safety of the player.

Player's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital of Choice: \_\_\_\_\_

Players's Allergies &/or Medical Conditions: \_\_\_\_\_

Non - Parent To Notify In An Emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

*(By signing above parent and player also agree to abide by the Carlisle Soccer Club Parent and Player Code of Conduct Pledge)*

Office Use: Postmark or Date Paid: \_\_\_\_\_ Amount Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Cash: \_\_\_

Birth Certificate: on file: \_\_\_ attached: \_\_\_ Name On Check: \_\_\_\_\_

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**PLEASE DETACH AND KEEP FOR YOUR RECORDS**

**REFUND POLICY:**

The registration fee will be refunded if the player is injured before the season starts, the player moves from the area after registration and before the season starts, or the Club is unable to play the player on a team. The amount of the refund will be the amount paid to the Carlisle Soccer Club minus any league fees. There will be no refunds after the season begins for players who sign up and then elect not to play.

**UNIFORMS AND EQUIPMENT:**

All new players need a Club uniform, which may be ordered at Soccer Connections, 312 Grand Ave, West Des Moines (279-6927). The cost is approximately \$30.00 and they should be ordered no later than March 1 for Spring season and no later than July 15 for Fall season to ensure arrival before the first game. The uniform includes a jersey, t-shirt, and shorts. Players will also need red soccer socks and shin guards. Any time a player takes the field they must have shin guards, worn under their socks, or they will not be allowed to participate. NO EXCEPTIONS. Soccer shoes are recommended, but not required, and must not contain a toe cleat.

**GENERAL INFORMATION:**

The Spring season begins in April, Fall season begins in late August. Players should be notified of their team placement and practice schedule by their coaches approximately three to four weeks prior to the season start. It is the intention of the Club to place all registered players on a team. However, the number of players per team is limited to increase playing time. Teams will be filled based on the number of available coach volunteers. If there are not enough volunteer coaches, players without a coach will be placed on a waiting list until a coach is available. The Club will make every effort to recruit coaches; but if the Club is unable to place a player on a team, the registration fee minus league fees will be refunded. It is also the Clubs intention to keep teams intact for future soccer seasons as much as possible.