



Carlisle Soccer Club Inc. Spring 2008 Registration Form

*To Register Online, visit our web site at www.carlisesoccer.org

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

Return to: Dawn Payne, Registrar, 989-0671

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: ___ Mothers DOB (MMDD) _____

Age as of 8/1/2007: ___ (must be at least 4 years old on 8-1-07)

Address: _____ City: _____ Zip Code _____

Family Email (optional): _____ Check if new address from previous season: ___

Home Phone: _____

Has player played for Carlisle Soccer Club? Yes ___ No ___

Most recent Coach: _____ Number of Seasons Played: _____

U6 Coed (ages 4 and 5 as of 8/1/07) ___ U8 Coed(ages 6 and 7 ages as of 8/1/07) ___

U10 Team Preference: U10 Coed ___ U10 Girls ___ None ___ U12 Team Preference: U12 Coed ___ U12 Girls ___ None ___

PARENT INFORMATION:

Father/Guardian _____ Work Phone: _____ Cell Phone: _____

Email: _____

Mother/Guardian _____ Work Phone: _____ Cell Phone: _____

Email: _____

REGISTRATION FEE:

BEFORE 2/1/08: \$65.00 Online, \$70 manual fee On or after 2/1/08 fee is \$80.00 which includes late fees

Registration forms must be electronically or manually received by 2/1/08 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)

PARENTAL SUPPORT

Carlisle Soccer Club's goal is to provide our children with the highest quality soccer experience possible. To accomplish this, the Club relies on volunteers. Please select a volunteer option from the list below.

Coach: ___ Asst. Coach: ___ Referee: ___ Fund Raising: ___ Board Member: ___ Concessions: ___ As Needed: ___

Name Of Volunteer: _____ Phone Number: _____

Volunteer Opt out fee \$25, check here ___ to indicate you have attached the fee, will not volunteer and do not wish to be contacted.

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: _____

PLEASE 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, 2008 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 2008 season will begin in late March. 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.