

# CARLISLE SOCCER...INDOOR!



The Carlisle Soccer Club is excited to announce the formation of **Carlisle Soccer...Indoor! (CSI)**. CSI is a fast paced style of indoor soccer that encourages ball control and technique over physical play. With limited space and constant pressure, players will learn to think and react quickly.

January - February 2010

Games @ Carlisle Elementary New Gym

Cost is \$35 per player

8 Game Season

Ages 6 - 19

Free T-Shirt with Registration

**Registration Deadline: December 22**

**Sign up now, Limited Spaces are Available!!**

Registration Form and Additional Information on Back

# Carlisle Soccer...Indoor! – Information & Registration Form

Schedule*		Rules/Information
Sundays:      Jan. 10, 17, 24, 31 Feb. 7, 14, 21, 28		<ul style="list-style-type: none"> <li>All ages 4 vs. 4 (includes keeper)</li> <li>30 minute non-stop games</li> <li>Substitutions performed on the fly</li> <li>Specially weighted Indoor balls</li> <li>Players sign up as individuals</li> <li>All Teams Coed</li> </ul>
Age	Game Time	
6, 7, 8	1:00 – 1:30; 1:30 – 2:00	
9, 10, 11	2:00 – 2:30; 2:30 – 3:00	
12, 13, 14	3:00 – 3:30; 3:30 – 4:00	
15 +	4:00 – 4:30; 4:30 – 5:00	

\*tentative schedule, subject to change

## Registration Form

Player Name: \_\_\_\_\_ Birth Date: \_\_\_/\_\_\_/\_\_\_ Gender (Circle) Boy Girl

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age Group (Circle)    6-8      9-11      12-14      15 +

Please make all checks payable to **Carlisle Soccer Club** & send to P.O. Box 254, Carlisle, IA 50047

### 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)*