

# Chelsea Soccer Club

## Registration Form

[www.cscsoccer.com](http://www.cscsoccer.com)

Last Name \_\_\_\_\_ First \_\_\_\_\_ Mi \_\_\_\_\_

Street Address \_\_\_\_\_

Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Sex \_\_\_\_\_ Birth date \_\_\_\_\_

New Uniform Needed (Y/N) \_\_\_\_\_ Size (YS, YM, YL, AS, AM, AL) \_\_\_\_\_

### Primary Contact's

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

### Secondary Contact's

Last Name \_\_\_\_\_ First \_\_\_\_\_ Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Email \_\_\_\_\_

Father will help Coach \_\_\_\_\_ Assist \_\_\_\_\_ Other \_\_\_\_\_

Mother will help Coach \_\_\_\_\_ Assist \_\_\_\_\_ Other \_\_\_\_\_

Past player experience \_\_\_\_\_

Emergency \_\_\_\_\_ Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Doctor \_\_\_\_\_ Phone \_\_\_\_\_ Note \_\_\_\_\_

*I hereby agree to hold harmless the Chelsea Youth Soccer Club and any officer, agent, representative, member, employee or coach thereof from any and all liability for the injury to the above named player which may result directly from the player's participation in the soccer program. I recognize that soccer is a contact sport producing strenuous physical exercise and assume all risks inherent therein. I further authorize any representative of the above named club to render first aid and to secure medical treatment and transport as my representative if, in the opinion of said representative, such treatment appears necessary and desirable. I further agree to abide by CSC code of conduct, and the CSC board of directors. I acknowledge that any payment made to the above club is non-refundable.*

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\*\*\* - If this is your child's first season playing soccer, please bring/send a photocopy of your child's birth certificate.

----- Do Not Write Below This Line -----

Division \_\_\_\_\_ Team \_\_\_\_\_

Amt Due \_\_\_\_\_ Amt Paid \_\_\_\_\_ Method \_\_\_\_\_