

Go to **www.ccysl.com** to register and pay online!!

Carroll County Youth Soccer League, Inc.

Fall 2017 **JUNIOR HIGH RECREATIONAL Soccer**

Registration Form

Name: _____ School Attended _____

FILL OUT A SEPARATE REGISTRATION FOR EACH PLAYER PLANNING TO PARTICIPATE

Age as of 12/31/18 _____ Date of Birth _____ Years of Playing Experience _____

Grade in Fall '17 _____ Sex: M / F Mother's date of birth (month/day) _____ / _____
(used for player identification purposes only)

Names of Siblings also playing:

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Name: _____ Date of Birth _____

Age Groups: ___ U14(7th & 8th grades) [If your child is younger than 7th grade, please fill out the regular registration form]

Will your child be playing another sport in the fall ___ Yes ___ No If so, which one? _____

Would you like to be contacted about playing on a spring soccer team? ___ Yes ___ No

Uniform Information

The soccer league will provide Jerseys, shorts, and socks that your child will keep. Please mark the appropriate size:

Jersey: Youth: YM _____ YL _____ Adult: AS _____ AM _____ AL _____ AXL _____ AXXL _____

Shorts: Youth: YM _____ YL _____ Adult: AS _____ AM _____ AL _____ AXL _____ AXXL _____

Socks: Youth: YM _____ YL _____ Adult: AS _____ AM _____ AL _____ AXL _____ AXXL _____

Primary Guardian: _____ Other Guardian: _____

Relationship:(circle one): Father Mother Other Relationship:(circle one): Father Mother Other

Address: _____ Address: _____

City & Zip _____ City & Zip _____

Phone: (_____) _____ Phone: (_____) _____

Cell Phone: (_____) _____ Cell Phone: (_____) _____

E-Mail address: _____ E-Mail address: _____

PLEASE CHECK THE AREAS WHERE YOU ARE WILLING TO HELP

Coach _____ Asst. Coach _____ Team Parent _____ Committee Member _____

Committees include Publicity, Fundraising, Summer Camp, and Travel

- Soccer will be played each Saturday morning in Flora from Aug. 13th-Oct 15th. Game times vary from 8:00am to 2:00pm. There will be a tournament for U10 and U14 players around the week of October 8th-15th.
- **FEES - The registration fee is \$50.00 (\$53 online) for the first junior high child and a \$5 discount per extra child for each additional child not to exceed \$125 per family (\$125 online).**
- **Registrations are due June 15.**
- The fee for registrations received after June 15th, is an additional \$5 per child and the child is not guaranteed a position on a team. They will be placed on a waiting list and contacted if a team is available.
- CCYSL policy does not permit a player to participate on both a recreational and travel team in the same season. Complete this form if they are planning to participate only in recreational or rec+ soccer.

As parent/guardian, I hereby give my permission for the above named child to participate in the Carroll County Youth Soccer League for the 2017 fall season. In addition, I certify that he/she is in good physical condition as required by the United States Youth Soccer Association. Further, by signing below, I hereby waive all claims for injury, accident or liability of any kind to my above named child and do hereby release the Carroll County Youth Soccer League, Inc., and their staff, managers, directors, board members, volunteers and officials from any claims, now or in the future, for such injury or accident.

Parent/Guardian Signature: _____ Date: _____

MAIL/EMAIL ONE FORM PER CHILD ALONG WITH REGISTRATION FEES (SEE ABOVE FOR FEES) TO:

CARROLL COUNTY YOUTH SOCCER LEAGUE

P.O. BOX 101, FLORA IN 46929

DATE DUE: JUNE 15

THIS FORM MAY BE COPIED IF NEEDED. Call or text Jason Burns at 574 727-1489 or carrollsoccerleague@gmail.com for registration questions

League use only:

Team Assignment _____ Fee paid Cash _____ Check # _____ Online _____

