

**Carroll County Youth Soccer League, Inc.**  
**Fall 2011 RECREATIONAL Soccer**  
**Registration Form**  
**www.ccysl.com**

Name: \_\_\_\_\_ School Attended \_\_\_\_\_

**FILL OUT A SEPARATE REGISTRATION FOR EACH PLAYER PLANNING TO PARTICIPATE**

Age as of 8/1/11 \_\_\_\_\_ Date of Birth \_\_\_\_\_ Years of Playing Experience \_\_\_\_\_

Grade in Fall '11 \_\_\_\_\_ 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: U6(4-5 yrs old) U8(6-7 yrs old) U10(8-9 yrs old) U12/U14(10-13 yrs old)

**Uniform Information**

Players will need to provide their own dark colored shorts, socks, shin guards and shoes. THE SOCCER LEAGUE WILL PROVIDE T-SHIRTS THAT YOUR CHILD WILL KEEP. Please mark the appropriate size:

Youth: YS \_\_\_\_\_ YM \_\_\_\_\_ YL \_\_\_\_\_ Adult: AS \_\_\_\_\_ AM \_\_\_\_\_ AL \_\_\_\_\_ AXL \_\_\_\_\_ AXXL \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Relationship:(circle one): Father Mother Other

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

Other Guardian: \_\_\_\_\_

Relationship:(circle one): Father Mother Other

Address: \_\_\_\_\_

City & Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**PLEASE CHECK THE AREAS WHERE YOU ARE WILLING TO HELP**

Coach \_\_\_\_\_ Asst. Coach \_\_\_\_\_ Team Parent \_\_\_\_\_ Board Member \_\_\_\_\_ Committee Member \_\_\_\_\_

Committees include Publicity, Concessions, Fundraising, Summer Camp, and Travel

- Soccer will be played each Saturday morning in Flora from Aug. 13-Oct 16. Game times vary from 8:00am to 12:00pm. There will be a tournament for U10 and older players the weekend of Oct.15 & 16.
- **FEES - The registration fee is \$35.00 for the first child and \$30.00 for each additional child not to exceed \$90 per family.**
- **Registrations are due June 17.**
- The fee for registrations received after June 17<sup>th</sup> 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 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 2011 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 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 17**

THIS FORM MAY BE COPIED IF NEEDED. Call Barb and Pat Hickner 574 967-0115 for registration questions  
League use only:

Team Assignment \_\_\_\_\_ Fee paid Cash \_\_\_\_\_ Fee paid Check # \_\_\_\_\_