

Columbia Soccer Association - Fall/Spring 2010/2011 Registration Form

Registration Deadline: July 23, 2010



Age on 8/1/10 _____
 Players Name: _____
 Player's Preferred Name _____
 Date of Birth ____/____/____ M ____ F ____
 Address: _____
 City: _____ Zip if not 44028 _____
 Home Tel#: _____
 Email address: _____
 Player played last session ___ Yes ___ No

One form must be completed for each player

Emergency Medical Information & Authorization

Guardian's Birthdate(MM/DD) _____
 Players Name: _____
 Parent/Guardian: _____
 Address if not the _____
 same as player: _____
 Home Phone# _____
 Cell Phone# _____

VOLUNTEER WORK: For a truly successful and educational program we are in need of the involvement and support from the parents/guardians. Columbia Soccer is an organization run entirely by dedicated parents and volunteers. Please help by checking the areas below in which you will be able to assist. Please note parent or volunteers **name** on the line provided. Instruction and training offered in all volunteer areas.

(Note volunteer's name below)

I would like to Coach/Assist Coach _____
I would like to help marketing/publications : _____
I would like to be a Parent Helper: _____
I would like to help with the fields: _____
I would like to help with fundraising : _____
I would like to help with registration: _____

PURPOSE: To enable parents and guardians to authorize the provision of treatment for children who become ill or injured while playing, practicing, or in transit to or from soccer activities. When parents/guardians cannot be reached.

IN THE EVENT REASONABLE ATTEMPTS TO CONTACT THE ABOVE NOTED PARENT or GUARDIANS AT THE PHONE NUMBERS PROVIDED HAS BEEN UNSUCCESSFUL, I HEREBY GIVE MY CONSENT FOR;

(1) ADMINISTRATION OF ANY TREATMENT DEEMED NECESSARY BY DR. _____ PREFERRED PHYSICIAN AT _____ (PH) OR _____ PREFERRED DENTIST AT _____ (PH) OR IN THE EVENT THE DESIGNATED PREFERRED PRACTITIONER IS NOT AVAILABLE BY ANOTHER LICENSED PHYSICIAN or DENTIST (2) THE TRANSFER OF THE CHILD TO _____ PREFERRED HOSPITAL OR ONE REASONABLE CLOSE. THIS AUTHORIZATION DOES NOT COVER MAJOR SURGERY UNLESS THE MEDICAL OPINION OF TWO OTHER LICENSED PHYSICIANS/DENTIST CONCURRING IN THE NECESSITY FOR SUCH SURGERY ARE OBTAINED PRIOR TO THE PERFORMANCE OR SUCH SURGERY. FACTS CONCERNING THE PLAYERS MEDICAL HISTORY INCLUDE ALLERGIES, MEDICATION BEING TAKEN AND ANY PHYSICAL IMPAIRMENTS WHICH A PHYSICIAN SHOULD BE ALERTED.

Signature: _____

PLEASE CIRCLE THE CHILDS SHIRT SIZE BELOW *****

UNIFORMS: Uniforms are worn for both Fall & Spring sessions.

Same team/Same shirt

YS YM YL AS AM AL

Size: / 6-8 / 10-12 / 14-16 / 32-34 / 36-38 / 40-42 /

Tots(U5) receive a shirt only

Note: Players **must** wear shin guards to all games & practices

COLUMBIA SOCCER Parent/Spectator/Coach CODE OF CONDUCT



I recognize that the referee is in complete charge of the game and for the sake of the players his/her decision must be respected. If I have a complaint concerning a specific referee, I will register that complaint with the director of referee's. I will treat all coaches courteously and will not disagree with their coaching methods or decisions in front of the team members. I will register all serious grievance concerning the program in writing with the Columbia Soccer Board. My behavior and language on the sidelines will set a good example for our children and will be of a positive and encouraging nature:

Signatures: _____

PLAYERS SKILL LEVEL

Beginner: ____ Intermediate: ____ Advanced: ____

Has the player ever played on a travel team: Yes ____ No ____

