

Cheverly Soccer Club 2009-2010 Registration Form

Section 1 Player Information

Please complete this registration form and provide:

- SMALL PICTURE
- COPY OF BIRTH CERTIFICATE

Name _____
Last First M.I.

Address: _____ Date of Birth: ____/____/____
Street Town State Zip Mo Day Year

Parent/Guardian Name(s): _____

Telephone Numbers for Home/Work: (____)____-____ home (____)____-____ work

Cell phone parent(s) can be reached on if needed (____)____-____ (____)____-____

E-mail Address where team information can be sent): _____

Section 2 Program Registering For

Please Check the appropriate box.

- TOT SOCCER - Fall Outdoor / Winter Indoor \$35 (includes T-shirt)
\$45 (includes T-shirt & ball)
- PICK-UP SOCCER – Cheverly Comm Center \$20
- ROCKVILLE INDOOR LEAGUE - \$85 (+ additional \$35 uniform deposit)

Section 3 Medical Information and Liability Release

Family Physician _____ Tel # (____)____-____
Name Address

Contact if parent unavailable: _____ Tel # (____)____-____
Name Address

Medical History: Soccer is a physical contact sport. As a member of the Cheverly Soccer Club, it is necessary that you inform us of any physical condition that may impact on your child's ability to participate in the sport _____

Health Insurance Information (company, group number, ID number): _____
under who's name? _____

Liability Release: I hereby give my permission and approval for my child to participate in soccer activities. I am aware that soccer is a physically demanding sport in which injuries may occur. In my opinion my son or daughter is physically able to play soccer. I assume all risks and hazards associated with such participation, and I hereby release the individual coaches and the Cheverly Soccer Club from any liability arising from injuries sustained by my child while participating in activities of the Cheverly Soccer Club. The coaches assume no responsibility for any damage to or loss of any property. I hereby authorize the coaches to obtain medical care for injuries or illnesses which might affect my child, or which might occur during the season. I further direct all medical or hospital facilities to accept this document as authorization to render emergency medical care to my child should it be deemed necessary.

Parent/Guardian Signature _____

Section 4 Registration Information

Make check payable to the Cheverly Soccer Club for those activities for which you are paying: Amount. Paid:

TOT = \$35 (add \$10 if want a ball)	PICK-UP = \$20	ROCKVILLE = \$85	\$ _____
	(\$35 Uniform Deposit Rockville Teams Only)		\$ _____
	(Donation to CSC Scholarship Program)		\$ _____
Coach: _____	Age Bracket _____	Total	\$ _____

Cheverly Soccer Club Registration Form Instructions

Section 1: Registration Form: Fill out completely. This form needs to be filled out only once each year. New registrants should include a copy of their birth certificate and a small 1" x 1" picture. For additional sessions during the year, fill out the abbreviated registration form (short form). Players will not be allowed to practice or play in games unless they are properly registered with all forms, fees and associated information turned in.

Section 2: Medical Release Form: Please fill out all pertinent sections of this form. Include any additional medical information necessary to help the coaches or doctors in an emergency. Please read over the liability release and sign the form. A registration form will not be accepted without a signed liability release.

Section 3: Registration Fees: The registration process has been changed again this year. Each Cheverly Soccer Club member will pay a flat fee based on the league or clinic program that they are participating in. The Registration Fee covers MSYSA Affiliation and Insurance, the specific League Fee (Rockville, other) & a CSC Use Fee. The fees for the Fall and Winter programs are as follows:

Tot Soccer (Fall & Winter Clinic Sessions): Ages 4 - 5:	\$35.00 for Each 5-week Clinic - Includes t-shirt / ball is \$10 extra
Rockville Sportsplex Indoor Soccer League (Winter Sessions):	\$85.00 (per 8 week session) - Uniform Deposit = \$35 extra and is returned when uniform returned.
Pick Up Soccer: Any Age, once/week games	\$20 for 6-8 week Clinic (must have a coach to organize)

Financial Assistance: Those who cannot afford the league registration fees can apply for financial assistance. A form can be obtained from your prospective Team Organization.

Parent/Player Volunteers: The Cheverly Soccer Club is in need of assistance in all aspects of the program, including coaches, team managers, administrative, fundraising and other miscellaneous activities. If you are unable to donate your time, a monetary contribution is always appreciated.

Thanks for your support and participation:

Jim Allegro	President	6405 Forest Road.	322-4952	jallegro@fox-architects.com
Ray Sexton	Vice Pres.	5728 Euclid St.	341-1960	raycom1975@aol.com
	Secretary			
Joel Lang	Treasurer	6424 Forest Road	386-5459	langfinancial@verizon.net
Dilcia Stephens-Medley	Registrar		523-5111	DStephens@cc.nih.gov
Jennifer Allegro	Camp Cord	6405 Forest Road	322-4952	allegroblue@aol.com
Leonel Popol	Tot Soccer	2802 Woodway Plc	322-4122	jimgm20@hotmail.com
Chris Dwyer	Equipment	3111 Bellevue	341-2541	cruddyd9@aol.com
