

Chagrin Soccer Association

Registration for Fall 2009 through Spring 2010

Include \$70.00*/must be paid online via www.chagrinsoccer.com

*NOTE: \$70.00 covers both Fall and Spring Seasons (\$210.00 maximum per family)

This form MUST be presented to your child's coach on the first day of practice. A separate form should be filled out for each child participating in CSA. Your child will NOT be allowed to play or practice without this completed form.

Participant's Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Email Address: _____

Sex: _____ Grade (*K thru 8*) in Fall 2007: _____ School: _____

Parent's/Guardian's Names: _____

Interest in Head Coach* Position? YES (circle one) NO

Interest in Assistant Coach* Position? YES (circle one) NO * *No experience necessary, training provided*

We, the parents/guardians of the registrant, a minor, become members of the Chagrin Soccer Association ("CSA") and agree that we will abide by the Rules and Regulations of the CSA and its affiliated organization. In consideration for the CSA accepting the registrant for its soccer programs, we hereby release, discharge, and/or indemnify the CSA, its members, volunteers, employees and owners of the fields used for the programs against any claims by and on behalf of the registrant's family and ourselves as parents/guardians as a result of the registrant's participation in the programs and/or being transported to or from same. Unless indicated below, we give consent to the CSA to obtain emergency medical care for the registrant.

I grant consent for emergency medical treatment of this player

I do not grant consent

_____/_____/_____/_____

Parent/Guardian

Date