



2010 SPRING ADULT SOCCER

Come experience CAA's adult divisions.
All are welcome to play. Bring your friends!

Season: Regular Season Feb 27 - May 8
Playoffs: May 15 - Jun 5
(No games April 3, May 8 & 29)

Divisions: Men's 19 & up / Women's 19 & up

Men's: \$90

Women's: \$90 (May combine with U19 Girls Division)

Games and Practice: One game per week on Saturdays. No practices will be held unless decided upon by your team.

If, for reasons of financial hardship, you are unable to pay the full fee, please state the amount you are able to pay: \$_____

Location: Gunderson HS (Men's) TBD (Women's)

I can volunteer to help in the following way(s):

Please fill out all the information below. Make checks payable to "Christian Athletic Association" or "CAA."
You cannot participate in league play until this form and payment are submitted. Thank you!

MEN'S DIVISION

WOMEN'S DIVISION

LAST NAME: _____ FIRST NAME: _____ BIRTHDAY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL(S): _____

HOME PH: _____ CELL: _____

TEAM/MANAGER: _____

CHURCH: _____ JERSEY SIZE: AS AM AL AXL AXXL

DO YOU HAVE CHILDREN PARTICIPATING IN CAA THIS SEASON? YES NO

ARE YOU COACHING/MANAGING THIS SEASON? YES - _____ NO

____ [INITIAL] I HAVE READ AND AGREE TO ABIDE BY CAA'S CODE OF CONDUCT (PLAYCAA.ORG/CODE)

MEN'S DIVISION ONLY: I HAVE SENT A DIGITAL IMAGE OF MYSELF TO: PHOTOS@PLAYCAA.ORG

NOTE: PHOTO IS USED TO CREATE YOUR PLAYER CARD AND IS REQUIRED OF ALL NEW PLAYERS!

Authorization and Medical Release Form (This must be completed and signed before you can play.)

I hereby understand that the Christian Athletic Association Adult Soccer League, does not carry medical insurance, and I waive and release any and all rights and claims for damages against CAA, and I agree to hold harmless the Christian Athletic Association, Inc. and their directors, officers, employees and any other organization co-sponsoring this program from and against any and all liability for any injury which may be suffered, arising out of or in any way connected with my participation in the above named program. I understand that CAA emphasizes proper conduct and behavior by all players while attending or participating in a CAA activity. I agree to be financially responsible for my participation and understand that I may not be able to play until an arrangement is reached. I agree to support and encourage all of these policies. I also grant CAA that right to use any pictures that are taken while I am participating in any CAA program for promotional purposes without compensation or right of prior review or approval.

Name (PRINT): _____ Signature: _____ Date: _____

FOR OFFICE USE ONLY

Check #: _____ Amount: _____ Insurance Volunteer Date Entered: _____ Date Received: _____

Players on same check: _____

Phone: (408) 369-8334 • caasports@sbcglobal.net • www.playcaa.org

Mail signed form and payment to:

CAA • PO Box 5151 • San Jose, CA 95150