



2010 Fall Youth Soccer Registration

Please fill out all the information pertaining to your child. If you have more than one child entering the league, fill out a separate form for each child. Please make checks payable to: "Christian Athletic Association" or "CAA." All fees are 100% refundable until the beginning of opening day. **Your child will not be placed on a team and cannot participate in practices or games until this form is complete and submitted with full payment.** Thank you.

Calendar: •Opening Day Aug 21 •Round Robin Games Aug 28 •Games Sept 11 – Nov 13 (last three weeks are tournament) •

Registration Fees (uniform included): \$110 (1st child) \$95 (2nd child) \$75 (Each additional child)
 \$5 early discount per player before June 16 (if paid in full) \$10 late fee per player after Aug 5
Games are held at Doerr Park, De Anza Park, Paul Moore Park, Mise Park, Butcher Park and Lone Hill Park.

Divisions: U19 Girls, U19 Boys, U15 Girls, U15 Boys, U12 Girls, U12 Boys, U10 Girls, U10 Boys, U8 co-ed, U6 co-ed

Please check this box if this is your first season with CAA. I was referred by: _____

FIRST NAME	M.I.	LAST NAME	PARENTS or GUARDIANS NAMES:		
STREET ADDRESS:		CITY:	STATE:	ZIP:	
PHONE Home:		Cell:	EMAIL:		
BIRTHDAY: (MM/DD/YY)	AGE (ON 7/31/10)	JERSEY SIZE: <input type="checkbox"/> YXS (4-6) <input type="checkbox"/> YS (6-8) <input type="checkbox"/> YM (10-12) <input type="checkbox"/> YL (14-16) <input type="checkbox"/> AS <input type="checkbox"/> AM <input type="checkbox"/> AL <input type="checkbox"/> AXL			
HEIGHT: FT. IN.	WEIGHT: lbs.	GENDER: <input type="checkbox"/> M <input type="checkbox"/> F	YRS EXPERIENCE:	YRS WITH CAA:	
CHURCH:		SCHOOL:			

THE CHRISTIAN ATHLETIC ASSOCIATION (CAA) PLACES STRONG EMPHASIS ON FAMILY PARTICIPATION AND RELIES HEAVILY ON EVERYONE TO MAKE OUR PROGRAM SUCCESSFUL. PLEASE SELECT ONE AREA PER FAMILY YOU ARE WILLING TO HELP IN. INCOMPLETE FORMS WILL BE RETURNED.

HEAD COACH (\$40 DISCOUNT – max 1 per team) ASSISTANT COACH REFEREE LINESMAN
 WEB PROGRAMMING PRAYER TEAM LINE FIELDS

Volunteer Name(s): _____

CAA IS A RECREATIONAL LEAGUE. PLAYER PLACEMENT IS DONE TO BALANCE THE TEAMS. REQUESTS ARE NOT GUARANTEED, AND ARE LIMITED TO ONE REQUEST PER PLAYER. **REQUEST:** _____

Youth Authorization and Medical Release Form (this must be completed and signed before your child can practice or play)

I hereby grant permission for my child to participate in the athletic program described above, and agree to hold harmless the Christian Athletic Association, Inc. and their directors, officers and employees and any organization co-sponsoring this program from and against any and all liability for any injury which may be suffered by my child, arising out of or in any way connected with his/her participation in the above named program. I also acknowledge that I have adequate major and emergency medical insurance coverage and that my insurance carrier and policy number is listed below. In case of an emergency, I hereby give permission to the coach, assistant coach, referee, director, or sponsors in charge to select a physician to hospitalize and to secure proper treatment for my child. 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 child's participation and understand that my child 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 the right to use any pictures that are taken while he/she is participating in any CAA program for promotional purposes without compensation or right of prior review or approval. I hereby grant permission to CAA to share information contained herein with CAA coaches.

ALLERGIES OR SPECIAL MEDICATIONS REQUIRED:

MEDICAL INSURANCE COMPANY:

EMPLOYER:

MEDICAL NUMBER:

PARENT OR LEGAL GUARDIAN:

SIGNATURE **X**

DATE:

Division/Team:

FOR COACH USE:

COACH RATING (circle one): 1 2 3 4 5 6 7

SPRINT SPEED 50YD/75YD _____ SECONDS

FOR OFFICE USE ONLY

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

Players on same check: _____ Scholarship: _____