

CICERO YOUTH SOCCER LEAGUE

PO Box 1371, Cicero, NY 13039

Player Last Name:		Player First Name:	
Address:		City/State/Zip	
Parent's Name:		Email Address:	
Phone:	Cell:	Date of Birth	Gender

UNIFORMS		
Each player will receive 1 shirt, 1 short and 1 pair of socks for the games. Please order a larger if unsure of size.		
Sizes Available	Shirt	Short
Youth Small		
Youth Medium		
Youth Large		
Adult Small		
Adult Medium		
Adult Large		
Adult X - Large		

REGISTRATION FEES		
Please note- there are no refunds unless due to a medical condition.		
Savings	Number of Children	Fee
0	1	\$65.00
\$10.00	2	\$120.00
\$40.00	3	\$155.00
\$65.00+	4+	\$195.00

AGE MATRIX
Placement is based on the Age Matrix below with a cut off date of August 1 st , 2008
6U = B-Day Between 8-1-01 / 7-31-03
8U = B-Day Between 8-1-99 / 7-31-01
10U = B-Day Between 8-1-97 / 7-31-99
12U = B-Day Between 8-1-95 / 7-31-97
14U = B-Day Between 8-1-93 / 7-31-95
18U = B-Day Between 8-1-89 / 7-31-93

TEAMMATE OR COACH PREFERENCE: The League will try to place the player according to preference listed but the League cannot guarantee that placement. If your child's Coach is moving up a divisions and your child's age dictates remaining in the lower division then your child will not be placed with their Coach or teammates moving up. The league rosters are age appropriate.

Coaching Preference: _____ Teammate Preference (1 Only) _____

CONSENT FOR MEDICAL TREATMENT: As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name: _____ Signature: _____ Date: _____

PERMISSION: I, the parent/guardian of the above-named player, a minor, agree that I and the player will abide by the rules and regulations of the USYSA, its affiliated organizations, and its sponsor Cicero Youth Soccer. In consideration of the player's participation in the soccer programs and activities of the USYSA and Cicero Youth Soccer, I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify Cicero Youth Soccer, the owner and operators of the facilities and programs used for Cicero Youth Soccer, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Cicero Youth Soccer Programs including, without limitation, player's transportation to/from any Cicero Youth Soccer program which transportation is authorized.

Parent Name (Please Print): _____ Signature: _____ Date: _____

SPRING / FALL / BOTH (Circle) _____ Date Received: _____ Time: _____ Check# _____ / Cash