



CHRISTIAN ATHLETIC ASSOCIATION 2012 CO-ED SPRING INDOOR SOCCER REGISTRATION

On-Line Registration Available beginning 2/23/12 at: www.caayouthsports.org
Forms may also be printed from our web site and mailed to: 2001A Frederick Road, 21228

AGE GROUP: (AGE BASED AS OF APRIL 1ST 2012) Age Group Breaks below are **subject to change** as needed.
5-7 CO-ED CLINIC 8-9 CO-ED 10-11 CO-ED 12-13 CO-ED
14-15 CO-ED 16-17 CO-ED 18-29 CO-ED (*Modified*) 30+ CO-ED

EARLY BIRD REGISTRATION FEE: Register before March 22nd to receive \$10.00 off registration cost.

INDIVIDUAL 5-7 Yrs. Old Fee: \$60.00 FOR ONE PLAYER
After 3/22: \$70.00 FOR ONE PLAYER
INDIVIDUAL 8&Up Fee: \$70.00 FOR ONE PLAYER
After 3/22: \$80.00 FOR ONE PLAYER
TWO PLAYERS: \$140.00 "Same Family and/or Household"
After 3/22: \$160.00
MAX FAMILY FEE: \$200.00 FOR 3 OR MORE SIBLINGS
After 3/22: \$230.00 Max Family Fee

* Reg. not refundable after March 23rd, (prior to March 23rd, \$10.00 will be deducted from refund)
* Registration fees are not transferable to another sport or service. Games run Late April through Late June

LOCATION: 5-7 YEAR OLDS WILL BE PLAYING AT BISHOP CUMMINS CHURCH, 2001 Frederick Road, 21228
8-ADULT WILL PLAY AT LAMB OF GOD SCHOOL 1810 Fairview Ave, 21227 & **Another Possible Location.**

EQUIPMENT: Indoor Soccer is played in **white soled, non-marking athletic shoes**. SHIN GUARDS ARE MANDATORY. No wire rimmed glasses allowed.

PLEASE NOTE: RETURNING PLAYERS FROM 2011 FALL/ WINTER HAVE FIRST PRIORITY if registered by March 23rd. All others first come /first serve.

-----Cut Here-Keep Information Above-----

2012 SPRING CAA CO-ED INDOOR SOCCER REGISTRATION FORM

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	AGE AS OF		Yrs of Experience	Ability Rating Good/Avg./Below Avg.	T-Shirt Size (YS-AXXL)
			M/F	4/01/12			
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

ADDRESS _____ CITY: _____ STATE: _____ ZIP: _____

CHURCH ATTENDING: _____ HOME PHONE: _____
DAD'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____
MOM'S LAST NAME: _____ FIRST NAME: _____
EMPLOYER/OCCUPATION: _____ WORK PHONE #: _____
EMERGENCY CONTACT (OTHER THAN PARENT): _____ PHONE #: _____

E-Mail Address: _____ (please print clearly) Family Cell Phone: _____

I hereby give permission for my child/children to participate in Christian Athletic Association. I accept full responsibility for any equipment and/or uniform(s). I understand that my child will have no further participation in CAA until uniform or fee is rendered. No refunds as of March 23rd. (Prior to March 23rd, \$10 will be deducted from refund).

I will not hold CAA or place of participation responsible for injuries due to the nature of the sport.

Parent/Guardian signature: _____

PARENTS: Your help in this program is needed and greatly appreciated. Please check area(s) you would be willing to serve as a volunteer. Thank you! Our children need you.

VOLUNTEER OPPORTUNITIES:

Mandatory Coaches Meeting – Mon, April 16th, 2012 7:00-9:00pm in the Bailey Moore Aud. at Bishop Cummins

MANAGER/HEAD COACH: _____ INTEREST IN SPONSORING A TEAM: _____
ASSISTANT COACH: _____ REFEREE: (Experienced or willing to learn: _____)
FACILITY CLEAN-UP AFTER GAME: XX ALL FAMILIES MUST PICK-UP AFTER EACH OTHER
(Facility use is a privilege, not to be taken lightly or carelessly).

Parents must keep all other children who attend games with you in your view at all times. Do Not Allow them in the hallways, rest rooms or other rooms without adult supervision. Please do not allow them to touch light switches, thermostats, alarms or other controls in the facility. Thank you for your assistance.

----- OFFICE USE ONLY: -----

AUTHORIZED SIGNATURE ONLY: _____ REG. FEE REC'D: _____ Date Registered: _____