



**CHRISTIAN ATHLETIC ASSOCIATION**  
**2008 CO-ED INDOOR SOCCER REGISTRATION**  
**OCTOBER 18<sup>TH</sup>, Forms for registration will be available @ Field 1 Concession Area**  
**On-Line Registration Available beginning 10/18/08 at: [www.caayouthsports.org](http://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 DECEMBER 1<sup>ST</sup> 2008) Age Group Breaks below are subject to change as needed.

6-7 CO-ED                                      8-9 CO-ED                                      10-11 CO-ED  
 12-14 CO-ED                                      15-18 CO-ED                                      **19+ CO-ED**

**REGISTRATION FEE:** \$65.00 FOR ONE PLAYER (\$85.00 w/ Fundraiser fee)  
 \$130.00 FOR TWO SIBLINGS (\$170.00 w/ Fundraiser fee)  
 \$185.00 FOR THREE OR MORE SIBLINGS (\$225.00 w/ Fundraiser Fee)  
 \* \$10 Late Fee will be assessed to any registration **rec'd after October 25<sup>th</sup>**  
 \* **Reg. not refundable after October 30<sup>th</sup>, (prior to Oct. 30<sup>th</sup> \$10.00 will be deducted from refund)**  
 \* **Registration fees are not transferable to another sport or service.**

**PLAYING LOCATION:** 6-7 YEAR OLDS WILL BE PLAYING AT BISHOP CUMMINS CHURCH, 2001 Frederick Road, 21228 / 8-18 YEAR OLDS WILL PLAY AT LAMB OF GOD SCHOOL 1810 Fairview Ave. 21227

**EQUIPMENT:** INDOOR SOCCER IS PLAYED IN WHITE SOLED, NON MARKING ATHLETIC SHOES.  
 SHIN GUARDS ARE MANDATORY.

PLEASE NOTE: RETURNING PLAYERS FROM 2007 FALL/ WINTER HAVE FIRST PRIORITY, all others first come /first serve.  
 -----Cut Here-Keep Information Above-----

**CAA CO-ED INDOOR SOCCER REGISTRATION FORM**

PLAYER(S) LAST NAME	FIRST NAME	BIRTHDATE	M/F	AGE AS OF 12/01/07	Yrs of Experience
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 Oct. 30<sup>th</sup>. (Prior to Oct. 30<sup>th</sup>, \$10 will be deducted from refund).

I also agree to participate in this season's fundraiser by selling the products or paying \$20 (\$40 fam.) fee.  
 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.

MANAGER/HEAD COACH: \_\_\_\_\_  
 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).

INTEREST IN SPONSORING A TEAM: \_\_\_\_\_

**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.**

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 AUTHORIZED SIGNATURE ONLY: \_\_\_\_\_ REG. FEE REC'D \_\_\_\_\_ FUNDRAISER FEE \_\_\_\_\_ LATE FEE \_\_\_\_\_