

**CHRISTIAN ATHLETIC ASSOCIATION
SOCCER REGISTRATION FORM**

Please check the following if it applies: New to CAA Added a new player Change of Address Age Group

<u>Player(s) Last Name</u>	<u>First Name</u>	<u>Birth Date</u>	<u>M/F</u>	<u>Age At Aug. 1,2009</u>	<u>Age Group Request</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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 #: _____

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

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) required for the season and the return of that equipment and uniform. **I understand that an additional fee will be charged for a uniform not returned within 2 weeks after the final game.** Player will not be allowed to participate in any CAA activity until uniform is returned and fee is paid or replacement fee for uniform is rendered. There is a \$10 fee for dropping prior to August 1st. No refunds after August 1st. I also understand and agree to participate in this season's fundraiser by selling the products or by paying \$20 for first player with a maximum of \$40 family fee. Please note shin guards are required for play & wire framed glasses are prohibited by FIFA rules.
I will not hold CAA responsible for injuries acquired due to the nature of the sport.

PARENT/GUARDIAN SIGNATURE: _____

Parents: **MUST BE SIGNED**

Your help in making this program successful is needed and greatly appreciated. Please check area(s) you would be willing to volunteer your service. Thank you!

MANAGER/HEAD COACH: _____ (Age Group(s) requesting to coach.

ASSISTANT COACH: _____

TEAM PARENT: _____

UMPIRE/REFEREE: (Experienced) : _____ Officials receive a free registration once 10 games are completed
(In Training, 12 & up) _____ for future use.

INTEREST IN SPONSORING A TEAM: _____

AUTHORIZED SIGNATURE ONLY	OFFICE USE ONLY	FUNDRAISER	After 7/05/09
	REG. FEE PAID _____	FEE PAID _____	Late Fee _____
Initial Here	AMT.	AMT.	AMT.