



Cinnaminson Soccer Club 2011 Registration Form

PLAYER'S NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____ GENDER: () Male () Female

DAY PHONE: () _____ EVENING PHONE: () _____

EMAIL ADDRESS: _____

PARENT/GUARDIAN NAME: _____

PARENT/GUARDIAN PHONE: () _____

I will assist the Cinnaminson Soccer Club by (***you must pick at least one***)

() Coach () Assistant coach () Picture Day () Assist with Field Duties () Unable

IN-TOWN PROGRAM

Age Group	Birth Date	Fee
(<input type="checkbox"/>) U6	Cinni-Mini Born between 8/1/05 through 7/31/07	\$55.00
(<input type="checkbox"/>) U8	Micro-Mini Born between 8/1/03 through 7/31/05	\$75.00
(<input type="checkbox"/>) U10	Born between 8/1/01 through 7/31/03	\$95.00
(<input type="checkbox"/>) U12	Born between 8/1/99 through 7/31/01	\$95.00
(<input type="checkbox"/>) U14	Born between 8/1/97 through 7/31/99	\$95.00

TRAVEL PROGRAM

Age Group	Birth Date	Fee
(<input type="checkbox"/>) U8	Born between 8/1/03 through 7/31/04	\$175.00
(<input type="checkbox"/>) U9	Born between 8/1/02 through 7/31/03	\$175.00
(<input type="checkbox"/>) U10	Born between 8/1/01 through 7/31/02	\$175.00
(<input type="checkbox"/>) U11	Born between 8/1/00 through 7/31/01	\$175.00
(<input type="checkbox"/>) U12	Born between 8/1/99 through 7/31/00	\$175.00
(<input type="checkbox"/>) U13	Born between 8/1/98 through 7/31/99	\$175.00
(<input type="checkbox"/>) U14	Born between 8/1/97 through 7/31/98	\$175.00
(<input type="checkbox"/>) U15	Born between 8/1/96 through 7/31/97	\$175.00
(<input type="checkbox"/>) U16	Born between 8/1/95 through 7/31/96	\$175.00
(<input type="checkbox"/>) U17	Born between 8/1/94 through 7/31/95	\$175.00
(<input type="checkbox"/>) U18	Born between 8/1/93 through 7/31/94	\$175.00



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ELIGIBILITY

The Cinnaminson Soccer Club is available for **residents of Cinnaminson only**. If it is determined that you do not reside in Cinnaminson Township, your child may be asked to leave our program. Children cannot be registered in a South Jersey Travel program or be registered in a travel program out of the state of South Jersey and play in the Cinnaminson in-town program.

MEDICAL RELEASE

I release and hold harmless the Cinnaminson Soccer Club, the owners and operators of the facilities used for the soccer programs and their respective directors, officers, employees, agents and representatives from any and all liability to me or my child as a result of any Cinnaminson soccer function/practice/game/ transportation.

Furthermore, my child is physically fit, except as noted below to participate in any and all soccer tryout activities. I hereby authorize the Cinnaminson Soccer Club to act for me in a medical emergency in the event I cannot be immediately contacted. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

CODE OF CONDUCT

I have read and agree to the terms of the CSC Code of Conduct for Parents, and the registrant has been apprised of and understands the terms of the CSC Code of Conduct for Parents. The Codes of Conduct for Parents and Players can be found at www.cinnaminsonsoccer.com.

Parent/Guardian Signature: _____

Fee (From Above): _____ + \$20 Raffle ticket fee **per family** = Total \$_____

PLEASE MAKE CHECKS PAYABLE TO:

CINNAMINSON SOCCER CLUB