



CECIL SOCCER LEAGUE FALL 2008 REGISTRATION

Our internet address is: www.cecilsoccer.org



Please complete the registration form and mail it to: Cecil Soccer League, P.O. Box 1406, Elkton, MD 21922-1406

Dear Parent or Legal Guardian,

Cecil Soccer League will soon begin another exciting soccer season for **Fall 2008!**

The season will begin September 6, 2008 and all games will be played on Saturdays at Chesland Park, Elkton, MD.

The Socceroo program is designed for young children with little or no soccer experience. They play loosely structured games on small fields. There are no practices for Socceroots. Space on all teams is limited!

All coach volunteers must pay fees up front. Coaches will be able to get refunds at the coaches meeting.

NOTE: Players will not be allowed to play outside their age group without special permission from the league.

Early registration ends Monday, July 28, 2008. The final day to sign up will be Friday, August 8, 2008. All applications postmarked after July 28 must pay a \$25 late fee per child to be registered, subject to team availability.

Please take this opportunity to register your child and send it in now!

COACHES: Please send your forms immediately so we can assign you a team and build your team properly.

All coach volunteers must pay fees. Coaches can get refunds at the Coaches meeting

PARENTS: Please take the time to read this information as it will answer your questions and help you fill out the registration form more easily. All players, including Socceroots, wear CSL red/yellow shirts. If you have one from a prior year or child, you will be able to use it. If not, please order a new one. Make sure the league receives your registration by the cutoff date of July 28, 2008! Applications mailed after this date must include a **late fee of \$25 per child.**

All applications must be received by August 8 or we can not guarantee that your child will be placed on a team.

The Cecil Soccer League attempts to place children with requested teams or coaches. **CSL makes no guarantee that your child will be placed with a requested team or coach.** Our goal is to try and keep past teams together, but we cannot and will not guarantee you will get the team you request. Late registrants will be placed on any team of our choice.

You will be contacted by your coach after the coaches meeting toward the end of August 2008.

Early Registration ends July 28, 2008.

We always need help with the administration of the League and welcome any of you that can devote some time to promote soccer in Cecil County. Please check the "contact me about volunteer positions" on the registration form. The Cecil Soccer League is an all volunteer organization.

Please encourage neighbors and friends who are unaware of CSL to sign up! Registration forms will be available at all Cecil County libraries, M&M Sports on Route 40, the Elkton YMCA, and on our web site - www.cecilsoccer.org Online registration will be available sometime soon. Check the website for updates on web registrations.

<u>LEAGUE</u>	<u>YEAR OF BIRTH (Jan 1 thru Dec 31)</u>	
SOCCEROOS	2003-2004	Coed
UNDER 8	2001-2002	Boys and Girls Teams
UNDER 10	1999-2000	Boys and Girls Teams
UNDER 12	1997-1998	Boys and Girls Teams
UNDER 15	1994-1996	Boys and Girls Teams

CECIL SOCCER LEAGUE OFFICIALS
 Joe Tanner, President
 Kevin McMaster - VP, Inhouse Soccer
 Registrar - Stephen Montgomery
League Phone 410-620-1646
Web site - www.cecilsoccer.org

Return Section Below

Please complete an application for EACH child. Compute fees on only one of the forms.



CECIL SOCCER LEAGUE FALL 2008 REGISTRATION

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A. REGISTRATION FEES (Please do not staple.)

ALL AGES: \$50 for first child, \$40 for second child, maximum pay of \$125 per family

Soccer Shirt (if needed) \$16 each Check here if you need a shirt, Circle Size Below

LATE FEE (If Postmarked after July 28, 2008) of \$25 per child

DONATION TO CECIL SOCCER LEAGUE

TOTAL ENCLOSED

\$
+
+
+
\$

Shirt Size - (Circle One) Youth S Youth M Youth L Adult S Adult M Adult L Adult XL

----- NO REFUNDS ----- NO REFUNDS ----- NO REFUNDS ----- NO REFUNDS -----

B. PERSONAL INFORMATION / MEDICAL RELEASE: COMPLETE A FORM FOR EACH CHILD

Please Print Clearly !

Players Name _____

Sex - Male / Female (circle)

Birthdate (Month/Day/Year) ____/____/____ (Birth Certificate required for all 1st time applicants.)

Players School _____

Parent / Guardian Name _____

Email Address _____ (please write clearly)

Street Address _____ City _____ State _____ Zip _____

Phone # _____ Mobile # _____ Work # _____

Emergency Contact _____ Emergency # _____

Medical Restrictions _____

***** (A COPY OF THE BIRTH CERTIFICATE MUST BE SUBMITTED FOR ALL NEW APPLICANTS) *****

Is the applicant currently rostered on a "rep" team? ____ Yes ____ No (If you don't know, check NO)

We need coaches. Please volunteer to coach a team or assist an experienced coach. The coaches meeting will be held toward the end of August.

Registration fees REQUIRED for coaches - refunds will be available for coaches at the coaches meeting.

Please check if interested: ____ Head Coach ____ Assistant Coach Name of Coach _____

Please contact me about other volunteer positions within the league.

Statement by Parent or Guardian

I do hereby allow my Child or Ward to participate in any practices, games, or functions sanctioned by the CECIL SOCCER LEAGUE

I accept full responsibility for any and all liability and release the CECIL SOCCER LEAGUE, it's Officers, Board Members or

Coaches from any financial liability due to injury or otherwise.

I hereby give my permission for any and all medical attention necessary to be administered to my Child _____

in the event of accident, sickness, or other circumstances, until such time as I can be contacted. I hereby assume responsibility

for payment for any such treatment.

Insurance Company _____ Policy Number _____

Physician Name _____ Phone # _____

Address _____

List any and all health problems (allergies, etc.) that might be important in administering aid to your Child or Ward.

Parent / Guardian

Name (print) _____ Signature _____ Date _____

(Unsigned forms will be returned to you)

C. TEAM PREFERENCE

Name of preferred coach _____

Name of preferred team _____

If no preference, we will try and place your child with other children in the same school or development.

In the space below, list any additional information which may help us in placing your Child or Ward on an appropriate team. We will not honor "this coach only" requests. See back page of form.

All registration fees based on postmarked date. Incorrect amounts will be sent back for correction. **Early Registration will CLOSE on July 28, 2008.** Late registrants will be placed on teams at the league's discretion based on availability. **Late applications must include a \$25 late fee for each child registering and must be postmarked by August 8.**

CSL Use Only

Check # _____

Amount _____

Date _____

B/C _____

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