

CECIL SOCCER LEAGUE HIGH SCHOOL SUMMER LEAGUE REGISTRATION

Tuneup for the fall season or play one more time as a high school player.
 Players must have been in High School or 8th grade for the 2011-2012 school year.
 Please complete the following form and mail to: Chris Tome 154 Bridgewood Ave North East MD 21901
 Alternate delivery is to fill out and E-mail to Chris Tome at shadygrove75@yahoo.com. Payment is still required to secure spot. Cost has been reduced to \$50.00 a player and format has been changed slightly.
 Teams MUST have a responsible coach or parent for contact and present at all games.
 Season will consist of 8 regular season games, playoffs and then championship games.
 Games will be played week nights starting June 12 at Chesland.
 Games will played as a 6 v 6 configuration (5 field players and goalie) on a smaller field with smaller goals.
 First 12 players signing up (with money) for a specific team will get that team.
 Teams with 12 players will be considered full, registrations requesting that team will be assigned to teams needing players.
 Players will provide their own shirts similar to indoor season. No numbers required.
 Players on Championship teams will receive champions T-shirts.

COMPLETE AN APPLICATION FOR EACH CHILD:

Players Name					
Parent/Guardian name					
Address					
High School attending		E-mail address			
Home phone		Cell		Players cell	
Birthdate					
Medical restrictions					

Statement by Parent or Guardian:

I do hereby allow my child or ward to participate in any practices, games, or functions sanctioned by Cecil Soccer League. I accept full responsibility for any and all liability and release 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 of any such treatment.

Parent/Guardian (print) _____ Signature _____
 Date _____ \$50.00 Required for registration **Check**
 Please circle one **Cash**
 Policy number _____
 Insurance company _____ Phone # _____
 Physician name _____
 Address _____

Please list any and all health problems (allergies etc.) that might be important in administering aid to your child or ward.

Team preference _____ Coach preference _____