



CECIL SOCCER LEAGUE SPRING 2010 REGISTRATION



Please register and pay securely online at www.cecilsoccer.org

Just click on the link for "Spring 2010 In-House Online Registration" and follow the instructions.

OR you can complete this registration form and mail it to: Cecil Soccer League, P.O. Box 1406, Elkton, MD 21922-1406

Dear Parent or Legal Guardian,

The spring season begins March 27, 2010 and ends June 12, 2010. All games will be played on Saturdays at Chesland Park in Elkton, MD.

Please Note: * Space on all teams is limited. * All coach volunteers must pay entry fees with their child's application.

* Socceroo program is for young children with little or no soccer experience, their games are on smaller fields and there are no additional practices.

* Volunteers selected to coach will be able to get refunds at the coaches meeting on Tuesday, March 16, 2010.

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

Early registration ends March 1, 2010. The final day to sign up will be March 8, 2010.

All applications mailed after March 1 must pay a late fee of \$15 per child to be registered, subject to availability of the league.

Please take this opportunity to register your child online or detach and mail the registration form below.

<u>LEAGUE</u>	<u>YEAR OF BIRTH</u> (Jan 1 thru Dec 31)	<u>CECIL SOCCER LEAGUE OFFICIALS</u>
SOCCEROO	2004 - 06/2006 Boys and Girls Coed Teams	Joe Tanner, President
UNDER 8	2002 - 2003 Boys and Girls Teams	Kevin McMaster - VP, Inhouse Soccer
UNDER 10	2000 - 2001 Boys and Girls Teams	Stephen Montgomery - Registrar
UNDER 12	1998 - 1999 Boys and Girls Teams	
UNDER 15	1995 - 1997 Boys and Girls Teams	Web site - www.cecilsoccer.org

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



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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 and circle size below

Shirt Size - Youth S (6-8), Youth M (10-12), Adult S, Adult M, Adult L, Adult XL (Circle One)

LATE FEE (If Mailed after March 1, 2010) of \$15 per child

\$	_____
+	_____
+	_____
+	_____
\$	_____

DONATION TO CECIL SOCCER LEAGUE
TOTAL ENCLOSED

All registration fees are based on postmarked date. Incorrect amounts will be sent back for correction. Early Registration will CLOSE on March 1, 2010. Late registrations will be accepted until March 8, 2010. Late registrants will be placed on teams at League convenience and only if teams are not full. Late registrations must include a \$15 late fee for each child registered.

**** CSL ENFORCES A "NO REFUND" POLICY FOR ALL APPLICANTS ****
 **** A COPY OF THE BIRTH CERTIFICATE MUST BE SUBMITTED FOR ALL NEW APPLICANTS ****

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.)

Player's School _____

Parent / Guardian Name _____

Email Address _____ (please write clearly)

Street Address _____ City _____ State _____ Zip _____

Home Phone _____ Mobile Phone _____ Work Phone _____

Emergency Contact Name _____ Emergency Contact Phone _____

Is the applicant currently rostered on a "rep" team? Yes No (Circle One - If you don't know, choose No)

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: VOLUNTEERS: Please volunteer to coach a team or assist an experienced coach. Accepted coaches will be contacted by a coach coordinator before the March 16 coaches meeting. Registration fees are REQUIRED for coaches - refunds will be available for coaches at the coaches meeting.

Check here to volunteer to coach a team for the Spring 2010 Season

Circle one: HEAD COACH ASSISTANT COACH COACH NAME: _____

COACH CONTACT PHONE: _____ E-MAIL _____

Check here if you would like to be notified about volunteer positions within Cecil Soccer or to assist on CSL Sponsored Work Days

VOLUNTEER NAME: _____ PHONE: _____ E-MAIL _____

D. 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 close vicinity.

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.

CSL Use Only	
Check #	_____
Amount	_____
Date	_____
B/C	_____
Media	10SPRING