

Mail to:
CFSC
P.O. Box 3028
Cuyahoga Falls, OH 44223
www.fallsoccerclub.org

Cuyahoga Falls Soccer Club
Registration Form
For players under 10 years old
(Please Print Clearly)

Season
(Circle One)
Spring Fall

Player Information

First Name: _____ Last Name: _____
Birthday: ___ / ___ / ___ Sex: _____
Address: _____ City: _____ ZIP: _____
School: _____ Grade: _____
Prior Seasons Played: _____ Last Team: _____
Coach Request: _____

Parent / Health Information

Father: First Name: _____ Last: _____ Phone: _____
Mother: First Name: _____ Last: _____ Phone: _____
Email: _____
Medical Conditions: _____
Emergency Contact: _____ Phone: _____
Emergency Contact: _____ Phone: _____
Doctor to notify: _____ Phone: _____

Brothers / Sisters Playing This Season

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

Liability Waiver and Consent for Medical Treatment

I hereby agree to permit my child to participate in all activities related to the Cuyahoga Falls Soccer Club (CFSC). I, for myself, the player and any family member who may have a claim by virtue of their relationship to the player, hereby release and forever discharge CFSC, it's members, board and affiliated organizations from any and all claims, injuries or property damage which may occur as a result of participation in or transportation to and from CFSC programs.

As the parent or legal guardian of the above-named player, I hereby give consent to emergency medical treatment prescribed.

Parent/Guardian ___ / ___ / ___
Date

Consent for use of Photography

As the parent/ guardian of the registrant, I hereby give consent for photography of CF Soccer Club activities which may include my dependent to be published in print or online format as the club deems appropriate.

Yes No Initials: _____

Parental Support ...We NEED Your Help!!!

We ask for active participation of all parents in our program.
Please circle area(s) in which you would be willing to help.

Coach Equipment
Assist. Coach Team Parent
Soccerpalooza Volunteer

Fees (Includes T-shirt and socks)

U-5 (Micro) \$35 U-6 \$40
U-8 \$50 U-10 \$55
Family Discount \$5

Please make checks out to:

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Official Use Only

Player Fee _____ Discount _____ Total _____ Check # _____