

P. O. Box 3028  
Cuyahoga Falls, Ohio 44223  
www.fallsoccerclub.org

# CUYAHOGA FALLS SOCCER CLUB GAASA PLAYER REGISTRATION

MALE  FEMALE  
DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
CURRENT SEASON: \_\_\_\_\_

NEW PLAYER  RETURNING PLAYER  CHANGE/CORRECTION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ M.I.: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Occupation: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Date of Birth (Month/Day): \_\_\_\_ / \_\_\_\_

List any medical problems or medications taken: \_\_\_\_\_

Preferred Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Person to notify in an emergency if neither parent is available: \_\_\_\_\_

Phone: \_\_\_\_\_ Relationship to player: \_\_\_\_\_

GAASA TRAVEL UNIFORM SIZES:				
	Youth			Adult
Shirt	XS	S	M	L
Shorts	XS	S	M	L
Socks	XS	S	M	L

### PARENTAL SUPPORT...WE NEED YOUR HELP!

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

- COACH  EQUIPMENT  
 ASSISTANT COACH  SOCCERPALOOZA  
 TEAM PARENT  BOARD MEMBER

### 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 by a licensed medical professional when conditions necessitate treatment.

\_\_\_\_\_  
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 Initial here: \_\_\_\_\_

### GAASA CODE OF CONDUCT

We, the undersigned, have read, understand and agree to abide by the GAASA Code of Conduct as found on www.gaasa.org. We also agree to accept actions taken by GAASA and/or the Club for failure to conform to the Code of Conduct.

\_\_\_\_\_  
Player Signature Date

\_\_\_\_\_  
Parent/Guardian Signature Date

### FEES:

- U11-U14/\$70  Uniform/\$55  Family Discount/\$5

**NOTE:** U11-U14 (Travel Division) must include a 1x1 color photo. All new players to our Travel Division must provide a copy of their birth certificate (only players from Fall 2008 and later have their birth certificates on file with the Club).

**There will be a \$25 LATE FEE for registrations received after the club's registration deadline. There will be NO REFUNDS on registration fees.**

### FOR CLUB USE ONLY

List only fees for this child on this form. Siblings should be listed on their own forms.

Birth Certificate  Photo

Player Fee: \$ \_\_\_\_\_  
Uniform Fee: \$ \_\_\_\_\_  
Other: \$ \_\_\_\_\_  
Discount: - \$ \_\_\_\_\_  
Reason: \_\_\_\_\_  
Discount: - \$ \_\_\_\_\_  
Reason: \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

Cash  Check # \_\_\_\_\_

Received by: \_\_\_\_\_ Date: \_\_\_\_\_