

ADDRESS:

***** E-MAIL ADDRESS: (IMPORTANT!)

NAMES PARENTS\GUARDIANS:

PHONE:

SOCCER!



ATTENTION ALL SOCCER PLAYERS!

GRADES 3-4-5	BOYS AND G	IRLS!	GRADES 6-7-8
WHAT:	SIGN-UP NOW TO REPRESENT YOUR SCHOOL WE INTEND TO ENTER A TEAM OR TEAMS IN THE CATH WE WILL COMPETE AGAINST OTHER CATHOLIC/CHRIS' AND SAINT'S BERNARD, BRIDGET, CHRISTOPHER, GAB TO ACCESS THE CSS WEBSITE, JUST GOOGLE "NORCO	IOLIC SCHOOL/ CHRISTIAN ACADEMY SCOCCE TAN SCHOOLS SUCH AS; CORPUS CHRISTI, CO RIEL, JAMES, JOHN PAUL II, MARTHA, PAUL, E	DRNERSTONE CA, '
WHO:	BOTH BOYS AND GIRLS IN CO-ED PLAY. ALL S 8 VERSUS 8 CO-ED COMPETITION. GRADES 3-5 = JUNIOR VARSITY GRAD	KILL LEVELS WELCOME. DES 6-8 = VARSITY	
WHEN:	PRACTICES BEGIN IN MARCH. USUALLY 1 SATURDAY GAME PER WEEK: SEASO GAMES WILL GENERALLY BE PLAYED SATURDAY USUALLY, 1 OR POSSIBLY 2 PRACTICES PER WEE	S BETWEEN 8:00 - 4:00PM WITH AN OCCASION	AL WEEKNIGHT GAME
WHERE:	GAMES WILL GENERALLY BE PLAYED ON MAI SOME GAMES MAY BE PLAYED LOCALLY IF FIELDS ARE		
REQUIREMENTS: 1) Medical Forms: 2) Complete Reverse: 3) Cost \$ 4) Equipment: 5) Uniform: 6) Shoes:	NO FORM = NO PLAY!! MUST BE COMPLETED PRIOR TO SCHOOL OFFICE OR ON SCHOOL WEBSITE. PLEASE COMPLETE BOTH THE REGISTRATION AND DIS COST: TBD BUT SHOULD BE MINIMAL. MUST BRING SOCCER BALL ,SHIN GUARDS, SOX, SHOR TEAM JERSEY WILL BE PROVIDED. COACH/AD WILL DE INDOOR SOCCER SHOES OR SNEAKERS FOR GYM PRA	D PRACTICING. SPORTS MEDICAL FORMS ARE CLOSURE/MEDICAL/INSURANCE STATEMENT. TS AND WATER TO ALL GAMES AND PRACTICE TERMINE ADDITIONAL UNIFORM REQUIREMEN	ES. ITS.
JERSEYS:	TEAM JERSEYS WILL BE PROVIDED.		
NOTE:	STUDENTS WITH SCHEDULING CONFLICTS DUE TO THESE ARE YOUR SCHOOL TEAMS AND CLAS TO ATTEND PRACTICES AND SATURDAY GAM THESE GAMES AND PRACTICES IS A GOOD BY	SMATES. A COMMITMENT TO SIMPLY DO Y ES IS ALL THAT IS EXPECTED. ATTENDING	OUR BEST A "MAJORITY" OF
CONTACTS/QUESTIONS:	CONTACT SCHOOL ATHLETIC DIRECTOR OR COAC	CH:	
	LOU CARPENTER - CSS VOLUNTEER DIRECTOR	860-978-2877(CELL) Loutez@Aol.Com	
REGISTRATION: DO NO	T DETACH. COMPLETE REVERSE & BELOW AN	FORWARD TO SCHOOL OFFICE.	
NAME:		GRADE:	



AGE\DATE OF BIRTH:



Insurance:

PARTICIPATING PLAYER

A) Insurance Company/Carrier

SOCCER!



PARENT ACKNOWLEDGEMENT SIGNATURE

Insurance & Medical

	B) Group/Policy Number		
	C) Insured/Card Number		
Allergies:	Please list student's allergies:		
Permission to	As parent or guardian of student:		
Treat:	grant permission by my signature indicated below to allow qualified medical personnel to medically		
	treat him/her for any and all injuries sustained.		
	Parent/Guardian Signature:		
	Parent & Player Disclosure & Acknowledgement		
Disclosure:	A) The game of soccer is a highly aerobic and aggressive activity consisting of intense physical contact between players.		
	B) The game of soccer requires it's participants to be in good health, to be physically fit and to maintain a basic level of physical conditioning.		
	C) Be advised, as in all sports, soccer player injuries can and do occur. Bruises, broken bones and knee injuries have occurred in prior league competition.		
	 D) Catholic School/Christian Academy Soccer has an open gender format and therefore is Co-Ed in nature. Boys will be competing against girls. 		
	E) Catholic School Soccer has 2 competitive divisions; JV (which consists of grades 3,4 & 5) and Varsity (grades 6,7 & 8).		
	F) Be advised therefore, that 5th grade boys can compete against 3rd grade girls and 8th grade boys can compete against 6th grade girls.		
	G) Because of the open gender format, ceratin rules have been enacted to minimize on field collisions and reduce the potential for injury. Please be advised however that injuries can and do occur.		
Acknowledgement:	I have read the above disclosure and am aware of the potential risks involved. As parent or guardian, I declare my child is in good physical and medical condition and is able to withstand the rigors of the game of soccer. I acknowledge these risks and give my child permission to participate in Catholic School Soccer.		