

2018 FALL OUTDOOR SEASON



REGISTRATION FORM

WWW.COHOESSOCGERINC.COM

\$35 PER CHILD

\$55 FOR TWO CHILDREN

\$75 FOR THREE OR MORE

****COACHES & VOLUNTEERS NEEDED****

ELIGIBILITY: Residents of the City of Cohoes who are in the grades, 4 year old Pre-K thru 8th Grade.

*PLAYER'S LAST NAME _____

*FIRST NAME _____

*FEMALE *MALE *AGE _____ *BIRTHDATE ____/____/____ (Month/Day/Year)

*SCHOOL & GRADE (Fall 2018) _____

*ADDRESS _____

*CITY (Postal address) _____ STATE _____ ZIP _____

*Parent's E-MAIL _____

*TELEPHONE () _____ *TODAY'S DATE ____/____/2018 (Month/Day/Year)

* MANDATORY INFORMATION NEEDED

IMPORTANT NOTE: Coaches will be in contact in late August with team information as well as practice schedule. Players moving up to new age groupings will not be moved with former teammates as a group and will be re-distributed; Please refrain from making special requests for Coach and or team placement.

PARENT PARTICIPATION: *Critical to seasons success!*

PLEASE PLACE AN CIRCLE AROUND AT LEAST ONE AREA IN WHICH YOU ARE WILLING TO HELP:

(C) Head Coach (A) Asst. Coach (\$) Fund Raising

(Y) Call me for Anything (P) Team Parent

FORM CONTINUED ON BACK SIDE---->

2018 FALL OUTDOOR SEASON GAMES WILL BEGIN IN SEPTEMBER AT LANSING PARK

RELEASE & MEDICAL CONSENT, CODE OF CONDUCT:

I hereby give permission for my child _____ to participate in the COHOES SOCCER, Inc. for the FALL RECREATIONAL SOCCER SEASON and to receive any medical attention necessary to be administered to my child until such time as I may be contacted. The undersigned does hereby authorize any officer, coach, assistant/coach or agent of the COHOES SOCCER to transport the above mentioned child for any medical attention. I hereby give my consent for all medical care, including that prescribed or administered by a duly licensed Doctor or Dentist, for the above child under whatever conditions are necessary to preserve the life, limb or well being of my child. I hereby assume all risks and hazards incidental to my child's participation in Soccer including transportation to and from activities and I do hereby waive, release and absolve the Coaches, Sponsors, Supervisors and participants of the COHOES SOCCER, Inc., from any claim arising out of injury to my child, except to the extent and to the amount covered by accident, liability or medical insurance.

CURRENT MEDICAL HISTORY: _____

MEDICATIONS: _____

EMERGENCY CONTACT'S (2)

NAME: _____ PHONE: _____

RELATIONSHIP/PLAYER: _____

NAME: _____ PHONE: _____

RELATIONSHIP/PLAYER: _____

I agree to abide by the League's Code of Conduct shown on our website: www.cohoessoccerinc.com

Signature of Parent/Guardian _____

FOR STAFF USE ONLY

PAYMENT INFO: AMOUNT COLLECTED IN:

CASH _____

CHECK # _____ DRIVER LICENSE # _____

CREDIT CARD: TYPE _____ NUMBER# _____ EXP _____

CVV _____ ADDRESS IF DIFFERENT FROM FRONT _____

UNIFORM SIZE:				
YOUTH	SM	MED	LARGE	XXL
ADULT	SM	MED	LARGE	XXL