



Cheatham County Soccer Association

P.O Box 128 Ashland City, TN 37015

615-882-0405

For League Use:

Age Group:

REGISTRATION SPRING 2023 SEASON

Copy of Birth Certificate Required for First Time Players

Did player play : FALL 2022

YES / NO

BIRTH DATE: _____

Birth Certificate Verification: _____

PLAYER INFORMATION - LEGAL NAME ONLY

Last Name _____ First Name _____

Address _____ City _____

Zip _____ Home Phone _____ Cell Phone _____ Accept TEXT? YES / NO

PLEASE PRINT PLAYER NAME FOR TROPHY: _____

School Attending Fall 2022 _____ Male / Female (Circle One)

Player Uniform (Jersey/Short package): Circle One: YXS YS YM YL AS AM AL AXL

NOTE: If player played the Fall 2022 season and returns to same team, player will use uniform from Fall 2022

Parent Information:

Fathers Name _____ Occupation _____ Primary Parent: Y / N

E-mail Address _____ Alternate Phone _____

Mothers Name _____ Occupation _____ Primary Parent: Y / N

E-mail Address _____ Alternate Phone _____

Our League is ran and operated by volunteers. As our league continues to grow, we need more volunteers.

I am interested in volunteering for:

☐ Board Member ☐ Coach/Assistant Coach ☐ Concessions
☐ Field Maintenance ☐ None Other _____

DRAFT INFORMATION

Coach from SPRING 2022 season _____ Request transfer to new team? YES / NO

PLAYER MUST BE REGISTERED BY JANUARY 31, 2023 TO GUARANTEE RETURN TO SAME TEAM-AFTER JANUARY 31, 2023 PLAYER COULD GO INTO OPEN DRAFT

LATE FEES APPLY EFFECTIVE JANUARY 31, 2023 - AMOUNT OF LATE FEES DEPENDS ON REGISTRATION DATE

If you have had a problem(s) we would like to know about it. Please call or text us at (615) 882-0405 or e-mail us at cheathamsoccer@outlook.com

Medical Information

Emergency contact other than parent:

Name _____ Phone _____ Relationship _____

Doctor _____ Phone _____

List medical conditions and Allergies _____

I UNDERSTAND THAT MY CHILD IS ENROLLED IN A RECREATIONAL SOCCER PROGRAM. We agree to show respect to coaches, referees and other volunteers.

ONCE YOUR CHILD IS REGISTERED IN CCSA'S SPRING 2023 SOCCER PROGRAM, THE LEAGUE INCURS EXPENSES. SHOULD YOU CHOOSE TO WITHDRAW YOUR CHILD, REFUNDS MAY BE PRORATED. ONCE MY CHILD HAS PLAYED THEIR FIRST GAME, I UNDERSTAND I FORFEIT ALL REFUNDS. _____ (INITIAL)

I, the parent/guardian of the registrant, a minor, agree that I and the registrant will abide and be bound by the constitution, rules, bylaws, and guidelines of the association and its affiliates as a condition for the privilege of participation by the player in this program. Recognizing the possibilities of physical injury associated with soccer and in consideration for CCSA accepting the registrant for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify CCSA and its officers, Board of Directors, coaches, referees and all other volunteers, including the owners of fields and facilities utilized for the program, against any claim by or on the behalf of the registrant as a result of the registrant's participation in the program and/or being transported from the same, which transportation I hereby authorize.

I give my consent for medical care for the above player under any condition deemed necessary by a licensed doctor or hospital or medical technician for the well-being of the player and agree to be responsible financially for the reasonable cost of such assistance and/or treatment. I understand that the insurance coverage included as part of my registration fee is supplemental to my own coverage. I hereby give permission for pictures of the registrant to appear on CCSA's website, Facebook and/or newsletter.

The Spring 2023 season officially begins March 1, 2023. Practice may begin March 1, 2023 and not before. Opening day is tentatively scheduled for March 18, 2022. The last game is tentatively scheduled for May 20, 2023. If a player is injured before the official start date (3/01/2023) of the Fall season, that player is NOT covered by CCSA insurance.

Signature of the Parent/Guardian: _____ Date: _____

For League Use: Total Amount Paid: _____ CCSA Approval: _____ Date Received: _____

Payment Method: Card _____ Venmo _____ Cash _____ Check _____ Reason for Fee Discount _____

Names of siblings playing this season _____