



337-788-4124
P.O. Box 1524
Crowley, LA 70527



2011 SOCCER REGISTRATION FORM

LAST NAME _____ FIRST NAME _____ INIT. _____
 ADDRESS _____ CITY _____ STATE _____ ZIP _____
 TELEPHONE # _____ CELL# _____ BIRTHDATE _____ AGE _____ MALE/FEMALE _____

FIRST DEADLINE TO SIGN UP IS AUGUST 12, 2011
FINAL DEADLINE TO SIGN UP IS AUGUST 19, 2011
AN ADDITIONAL \$10.00 LATE FEE WILL APPLY AFTER FINAL DEADLINE.

LIVES WITH: FATHER _____ MOTHER _____ BOTH _____ OTHER _____
 FATHER'S NAME _____ OCCUPATION _____ CELL _____ BUS. PHONE _____
 MOTHER'S NAME _____ OCCUPATION _____ CELL _____ BUS. PHONE _____
 LIST ANY MEDICAL PROBLEM OR PROHIBITION PLAYER HAS _____
 PERSON TO NOTIFY IN EMERGENCY _____ HOME _____ CELL _____
 NUMBER OF YEARS PLAYED _____ LAST LEAGUE _____ LAST TEAM _____
 SCHOOL _____ GRADE _____ EMAIL ADDRESS _____

UNIFORM SIZE (THERE WILL BE AN ADDITIONAL MANDATORY FEE OF \$10.00 FOR OFFICIAL SOCCER UNIFORMS PAID AT TIME OF REGISTRATION). PLEASE ATTACH A COPY OF BIRTH CERTIFICATE.

JERSEY	SHORTS	SIBLINGS IN LEAGUE
YOUTH XS (2/4) S(6/8) M(10/12) L(14/16)	YOUTH XS (2/4) S(6/8) M(10/12) L(14/16)	NAME _____ AGE _____ NAME _____ AGE _____ NAME _____ AGE _____
ADULT S M L XL XXL	ADULT S M L XL XXL	

I, PARENT OR GUARDIAN OF THE ABOVE NAMED PLAYER, HEREBY GIVE APPROVAL FOR PARTICIPATION IN ANY AND ALL THE CROWLEY RECREATION DEPARTMENT LEAGUE ACTIVITIES. I HEREBY GRANT PERMISSION TO MANAGING PERSONNEL OR OTHER LEAGUE REPRESENTATIVE TO AUTHORIZE AND OBTAIN MEDICAL CARE FROM ANY LICENSED PHYSICIAN, HOSPITAL OR MEDICAL CLINIC SHOULD THE PLAYER BECOME ILL OR INJURED WHILE PARTICIPATING IN LEAGUE ACTIVITIES AWAY FOR HOME, OR WHEN NEITHER PARENT OR LEGAL GUARDIAN IS AVAILABLE TO GRANT AUTHORIZATION FOR EMERGENCY TREATMENT. I ASSUME ALL RISKS AND HAZARDS INCIDENTAL TO SUCH PARTICIPATION, INCLUDING TRANSPORTATION TO AND FROM ACTIVITIES, AND DO HEREBY WAIVE, RELEASE, ABSOLVE, INDEMNIFY AND AGREE TO HOLD HARMLESS THE LOCAL LEAGUE ORGANIZATION, SPONSORS, SUPERVISORS, PARTICIPANTS AND PERSONS TRANSPORTING THE PLAYER TO AND FROM THE ACTIVITIES, FOR ANY CLAIMS ARISING OUT OF INJURY TO THE PLAYER. I/WE PARENT, GUARDIAN OR PARTICIPATE OF THE ABOVE NAMED CANDIDATE, DO HEREBY GIVE MY/OUR APPROVAL TO HIS/HER PARTICIPATION IN ALL ACTIVITIES. I AGREE TO RETURN ANY UNIFORM OR EQUIPMENT ISSUED TO MY SON/DAUGHTER AT THE END OF THE SEASON, AND FURTHER AGREE TO PAY FOR ANY EQUIPMENT OR UNIFORM LOST OR NOT RETURNED.

PARENTAL SUPPORT
 WE ASK FOR ACTIVE PARTICIPATION OF ALL PARENTS IN OUR PROGRAM. CHECK AREA (S) IN WHICH YOU WOULD BE WILLING TO HELP.

COACH
 ASSIST. COACH
 TEAM MOM (PHONE CALLS)

SIGNED _____ PARENT OR GUARDIAN

THIS RELEASE FORM MUST BE SIGNED BY THE PARENTS AND RETURNED TO THE CROWLEY RECREATION DEPARTMENT OFFICE (MAIL TO: P.O. BOX 1524, CROWLEY, LA 70527), ALONG WITH REGISTRATION FEE AND UNIFORM FEE ON OR BEFORE THE DEADLINE LISTED BELOW. REGISTRATION FEES ARE \$25.00 IF YOU LIVE IN THE CITY LIMITS AND \$35.00 OUTSIDE THE CITY LIMITS. MANDATORY UNIFORM FEE IS \$10.00. EACH ADDITIONAL CHILD IS \$5.00 LESS THAN REGULAR PRICE FOR REGISTRATION.

LEAGUE	AGE	LEAGUE	AGE
U-6	4 & 5	U-10 (MALE)	8 & 9
U-8 (MALE)	6 & 7	U-10 (FEMALE)	8 & 9
U-8 (FEMALE)	6 & 7	U-12 (MALE)	10 & 11
		U-12 (FEMALE)	10 & 11
		U-14	12 & 13

FOR OFFICE USE ONLY:
 AMOUNT PAID _____ CK# / CASH _____
 LEAGUE _____ AGE _____
 INPUTTED BY _____ DATE _____

AGE DETERMINING DATE: AUGUST 1, 2011.
NO REFUNDS WILL BE GIVEN AFTER PRACTICE BEGINS.
PLAYERS WILL BE REQUIRED TO WEAR SHIN GUARDS.

R8 TR/AC-Revision 7/7/20/11

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