



Fall 2010 Registration Form

Chelsea Soccer Club

P.O. Box 44, Chelsea MI 48118

Completed forms and payment due by:

8/6/10

Registration Cost: \$185

Registration Cost if on or before 7/12/2010: \$165

	Player 1	Player 2	Player 3
First Name			
Last Name			
Street Address			
City			
State			
Zip			
Gender (M/F)			
Fall 2010 School Grade			
Date of Birth (MM/DD/YEAR)			
New Player? (Check if Yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Copy of Birth Certificate attached? (Check if Yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uniform shirt size if needed - \$42 (YS/YM/YL/AS/AM/AL)			
Uniform shorts size if needed - \$30 (YS/YM/YL/AS/AM/AL)			
Uniform socks size if needed - \$8 (Y/A)			

	Mother	Father	Guardian
First Name			
Last Name			
Home Phone			
Cell Phone			
Email			
I have played soccer (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I have coached soccer (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider a team volunteer position (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I would consider a board volunteer position (check if yes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. I understand that registration is not processed until full payment is received or a completed financial support application has been received and approved by the Club.

2. I have read and understood the 2010 Team Placement Policy available on the club website.

3. I understand that registration does not guarantee a place on a particular team and that refunds will be provided only when no place on a team is available as outlined in the Team Formation Policy.

4. I consent to the club publishing photographs of the above players, without being identified by name, on the club website or on other promotional materials.

5. I am/we are aware of and understand there are potential risks inherent with participating in any recreation activity. I/we assume all risks and hazards incidental to such participation. In consideration of my and/or my child's participation in the activity/ies, I hereby release and discharge the Chelsea Soccer Club, its officers, coaches, trainers, volunteers and their agents from any and all liability arising from accident, injury and illness that he/she or I may suffer as a result of his/her or my participation in this activity. In the event of an emergency, I/we authorize the Chelsea Soccer Club's personnel and agents to obtain medical treatment for the above-named participants. I (we) will follow the rules, regulations, and policies set forth by the Board of Chelsea Soccer Club.

Signed (Parent or Guradian): _____

Date: _____

Amount enclosed: _____

Check number: _____

I am applying for financial support from the Club (Check if applicable)