

*Corning
United*

**SOCCER
CLUB**



REGISTRATION FORM 2008-2009 SEASON

Select ONE or BOTH:

- **Winter Indoor League:** *Sundays only from December 7 – March 15*
Registration Fee: (U9 – U19) **\$60.00** includes uniform shirt

- **Spring Travel League:** *from Early April to the end of June*
Registration Fee: (U9 – U10) **\$70.00 Early Bird Special (October 15 – January 31)**
\$95.00 Regular Registration Fee (after January 31, if space is available)

- Registration Fee: (U11 – U19) **\$95.00 Early Bird Special (October 15 – January 31)**
\$120.00 Regular Registration Fee (after January 31, if space is available)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____ M/F: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

School: _____ Prior Season: _____ Last League/Team: _____

Emergency Contact (if we are unable to reach parent/guardian)

Name: _____ Relationship: _____ Phone: _____

List any medical conditions player may have: _____

Physician Name: _____ Phone: _____

Consent For Medical Treatment (minor)

As the parent or legal guardian of the above named player, I hereby give consent for emergency medical care prescribed by a duly licensed Doctor of Medicine or Doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

Parent/Guardian Signature: _____ Date: _____

Acceptance of League Rules and Waiver of Liability

I, the parent or guardian of the registrant, a minor, agrees that I will abide by all the rules of the USYSA, its affiliated Organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs, I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize.

Parent/Guardian Signature: _____ Date: _____

Uniform (circle) for new players, or if ordering a replacement \$85.00

Jersey size: Youth sizes - YS, YM, YL, YXL Adult sizes – AS, AM, AL, AXL
Shorts size: Youth sizes – YS, YM, YL, YXL Adult sizes – AS, AM, AL, AXL

Make checks payable to: CUSC. Send completed registration form and payment, along with a copy of birth certificate (required only if you are a NEW player) to: CUSC, P.O. Box 136, Painted Post, NY 14870

For more information, or to register online, please visit: CorningUnited.com