



Corcoran Soccer 2009 Registration

For office use only ____ / ____ / ____ # ____ _____, _____, _____
--

Please only use this form if you are unable to register online at www.corcoransoccer.org

Corcoran Soccer is now forming co-ed recreational teams for the 2008 mid-summer soccer season. The league offers affordable recreation that emphasizes skill acquisition, conditioning, and most of all — **Fun!**

- WHO:** Teams will be formed in age brackets using the US Youth Soccer Association 2007 - 2008 cutoff dates:
- 5- and 6-year-olds (U06) born August 1, 2002 - July 31, 2004
 - 7- and 8-year-olds (U08) born August 1, 2000 - July 31, 2002
 - 9- and 10-year-olds (U10) born August 1, 1998 - July 31, 2000
 - 11- and 12-year-olds (U12) born August 1, 1996 - July 31, 1998
 - 13- and 14-year-olds (U14) born August 1, 1994 - July 31, 1996 (this age bracket will be included if there is enough interest)

WHERE: All practices/games are held at the fields approximately 1/2 mile west of downtown Corcoran, just off Highway 50.

WHEN: Practice/scrimmage days: 7/16, 7/21, 7/23, 7/28, 8/4, 8/11, 8/18 and 8/25. Game days: 7/30, 8/6, 8/12, 8/20 and 8/27.
Jamboree: Saturday 8/29. All games and practices 6:30 – 7:45 p.m. Jamboree 9:00 – 11:30 a.m., followed by a picnic.

SIGN-UP: May 11 - June 19, or when teams are filled, whichever comes first.

Note: We only meet for practices/games on 14 evenings. To be fair to coaches and other players, please only register if you can attend at least 10 of those 14 times.

COST: \$55 per player, (\$105 for 2 children, \$155 family maximum) covers cost of T-shirt, awards, dues to MYSA, field and goal maintenance, referees, rental fees, and other expenses. Note: does not include credit toward photos. *Volunteer coaches take \$40 off their total fee.*
Make checks payable to **Corcoran Soccer** (any registrations accepted after June 19th will be assessed a **\$10 late fee per participant**).

Mail registration form with payment to: **Corcoran Soccer, c/o Renee LaPlume, 6805 Belle Street, Loretto, MN 55357**
Registration questions? Contact Rachel at (763) 478-3086 (evenings) or via email at rachel.brolin@corcoransoccer.org

Participant Information (Please Print Clearly)

Last Name	First Name	MI	Gender	Birth Date (mm/dd/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="text"/>
Address		City	State	ZIP Code
<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>

Age Bracket (see below)
 U06 U08 U10 U12 U14

Aug. - Dec. 2002	2002	Jan. - July 2004	Aug. - Dec. 2000	2000	Jan. - July 2002	Aug. - Dec. 1998	1998	Jan. - July 2000	Aug. - Dec. 1996	1996	Jan. - July 1998	Aug. - Dec. 1994	1994	Jan. - July 1996
U06 (5- and 6-year-olds)		U08 (7- and 8-year-olds)		U10 (9- and 10-year-olds)		U12 (11- and 12-year-olds)		U14 (13- and 14-year-olds)						

Home Phone	E-Mail Address	Previous Traveling League Experience?
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

	Last Name	First Name	Other Phone Number(s)
Father	<input type="text"/>	<input type="text"/>	Father Work Phone:
			Father Cell Phone:
Mother	<input type="text"/>	<input type="text"/>	Mother Work Phone:
Shirt Size			Mother Cell Phone:

6-8 Youth Small 10-12 Youth Medium 14-16 Youth Large Adult Small Adult Medium Adult Large

Would you like your child's first name printed on the back of their T-shirt (no extra charge)?
 Yes _____ If name on shirt differs from First Name above, please specify here—for example, No
Matt instead of Matthew (limit of 12 characters including spaces).

Payment and Refund Policy

Payment is due upon registration. Once registered, players requesting to drop prior to July 16, 2009 will receive a refund for fees paid at registration time less \$10. Players requesting to drop after July 16, 2009 will receive no refund. If an insufficient number of participants register for a particular age group, a complete refund will be made to that age group. If too many participants register for a particular age group, registrations will be prioritized on a first-come, first-served basis. Complete refunds will be made to the overflow participants.



IMPORTANT: Please send the completed form to the club you are registering with, not MYSA. Only players participating in the US Youth Soccer Minnesota State Cup or an out-of-state tournament need to have this form notarized, unless required by your club.

LIABILITY/MEDICAL RELEASE

Player's Name: _____ Date of Birth: _____
Address: _____ City: _____ ST: _____ Zip: _____

EMERGENCY INFORMATION

Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____
Parent/Guardian Name: _____ Home Ph: _____ Work Ph: _____
Allergies: _____
Other Medical Conditions: _____
Medical Insurance Company: _____ Phone: _____
Policy Holder: _____ Policy Number: _____
Player's Physician: _____ Phone: _____

In an emergency, when parent/guardian cannot be reached, please contact:

Name: _____ Home Ph: _____ Work Ph: _____
Name: _____ Home Ph: _____ Work Ph: _____

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print): _____
Date: _____ Signature: _____

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, I hereby give my 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 the life, limb or well-being of the player.

Date: _____ Signature: _____

Signed or acknowledged before me this _____ day of _____, 20_____

Notary Public: _____

My commission expires: _____