

**CHRISTIAN SOCCER ASSOCIATION OF LEE COUNTY
MEN'S DIVISION REGISTRATION FORM**

SPRING 2010

C.S.A.

*Club Use Only
Division / Skill Lev*

Player Name _____ Date of Birth ____/____/____ Shirt Size (circle one) S M L XL XXL _____ / _____
 Address _____ City _____ ST _____ ZIP _____ Home/Cell Phone _____
 Emp/Occupation _____ Wk phone _____
 Emergency contact: _____ Phone _____ Relationship _____

Please List Your Total Years of Experience in as Many as Are Applicable

Rec League Soccer:	Competitive League Soccer:	High School Soccer:	Total Years Experience:
College Soccer:	Other:		
How many years has it been since you have played organized soccer in any of the above categories? _____			
What position(s) can you play? _____			

Yes, I want to help the league-----Please check areas where you can help

Coach _____ Asst. Coach _____ Referee _____ Concession Stand _____

NAME _____ Phone #(239) _____ E-mail _____

Sponsoring a Team

FALL SEASON (\$295.00 Business name on uniforms, plaque of team, signage at park & web site)
SPRING SEASON (\$175.00 Business name on uniforms, plaque of team)
additional \$30.00 set-up fee for Web-Site _____

Business Name _____ E-mail _____
 Contact person _____ Phone#(239) _____ Fax#(239) _____

Registration Fees: Spring Season

Gateway Resident - \$80

Non-Gateway Resident - \$80 plus a \$25 non-resident fee

(if you or anyone in your household has already paid this fee this year, it is not necessary that you pay it again)

Please read and sign:

I agree that I will abide by the rules of this club/league and its affiliated organizations. I wish to participate in soccer during the season of this registration. I realize risks are involved in my participation. I understand that the risk for me includes full range of injuries from minor to severe, and the result could be death, paralysis, or other serious, permanent disability. I accept this risk as a condition of my participation. In consideration of my participation in the soccer program sponsored by the Christian Soccer Association of Lee County ("CSA"), I do hereby release, remise, forgive and acquit the CSA and its coaches, officers, and directors from any and all claims, suits, or causes of action arising out of my participation in the CSA's soccer program, including but not limited to, all claims relating to personal injuries sustained by the registrant. I furthermore, agree to indemnify and hold the CSA and its coaches, officers, and directors harmless from any claims which might be asserted on my behalf, including but not limited to, claims relating to personal injuries I might sustain. Failure of the individual to provide proof of age, address and telephone information may result in the services paid for, not being provided. Information will not be used for individual gain.

The Christian Soccer Association was founded to provide children with an opportunity to learn and play soccer with Christian Coaches in a Christian atmosphere. As such, public prayer, as well as other Christian traditions and practices form a core part of our organization's soccer program. Because we are a Christian Organization, all coaches, players, and spectators are expected to act in a Christ-like manner. Please be advised that any unruly behavior may result in the individual being ejected from the game/park and being banned from future games. Players, coaches, and spectators who continually display disruptive behavior may be expelled from the league.

I, _____ the undersigned, verify that the information on this registration form is accurate and complete and that I have read the above paragraphs and agree to abide by them. I also authorize medical personnel to administer first aid to myself for any injury or illness, should I not be able to make the decision at the time of said injury or illness.

Signature _____ Date _____

Return this form with a check payable to: Christian Soccer Association P.O. Box 6843 Ft. Myers, FL 33911

Notice on CSA Team Division & Refund policy

**PLEASE READ CAREFULLY BEFORE SIGNING -
APPLICATION WILL NOT BE ACCEPTED WITHOUT YOUR
SIGNATURE BELOW:**

I understand that the CSA uses a computerized system for team division so that skill and age can be divided equally amongst the teams. Special request may be granted to volunteers who sign up to coach, assistant coach, or sponsor. I agree to abide by the team division results. I further understand there will be no exceptions to this policy. No refunds possible after the last registration date.

Thank you for your support!

I agree to the above policy

Signature

Date

IMPORTANT

To better communicate with our CSA families we are updating our records – please provide us with an updated **email address**

Email Address: _____

Soccer Club Use Only: Year – **2010**

Season: **Spring**

Amount received _____ Date _____ Cash/check _____ Initials _____