

Cen-Tex Soccer Association
Youth Recreational Registration Form

Player's Last Name: _____ First: _____ Middle: _____

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

Home Phone Number: _____ Date of Birth: _____ Sex: M F

Division: U-6 U-8 U-10 U-12 U-14 U-16 Previous Team: _____ Last Season Played: _____

Father's Last Name: _____ First: _____ Phone: _____

Address: _____ Work #: _____ Cell #: _____

Father will help with: Team ____ Association ____ Referee ____ How? _____

E-mail: _____

Mother's Last Name: _____ First: _____ Phone: _____

Address: _____ Work #: _____ Cell #: _____

Mother will help with: Team ____ Association ____ Referee ____ How? _____

E-mail: _____

Emergency Contact: _____ Phone: _____ Cell: _____ Relationship: _____

Doctor: _____ Phone: _____ Note: _____

Dentist: _____ Phone: _____ Hospital: _____

I, the undersigned (Parent/Guardian, if participant is a minor), agree that I and the participant are subject to the Constitution, By-Laws, Rules, Policies, and Regulations of the Cen-Tex Soccer Association (CTSA) and its affiliated parent organization and sponsors and agree to abide by the same. I realize that this is a non-profit, voluntary soccer program for the benefit of the boys and girls in this community. Recognizing the possibility for physical injury associated with the participation in soccer and in consideration of the participant being accepted into the program and activities. I hereby agree to protect, defend, indemnify and release all persons or entities including but not limited to, the City of Brownwood, CTSA, the officers and employees from and against all claims, demands and causes of action of every kind and character, without regard to the cause thereof, or the negligence of any party or parties, including the sole negligence of the City of Brownwood, its officers and employees, whether such negligence be joint or concurrent, for injury to or death of my child or damage to my property, arising out of or in connection with soccer activities, including transportation to and from the game. **I give consent to emergency medical care and prescribed by a duty licensed physician.**

 Printed Name

Registration: June 26, 2010- July 31, 2010

Season Starts: September 25, 2010 – November 6, 2010

Please complete and return with check or money order to:

Cen-Tex Soccer Association
 P.O. Box 971
 Brownwood, TX 76801

 Signature

Fee: \$40.00 per child

* Child must be at least 4 by July 31, 2010

Questions? Contact Windy Cardenas
 325-642-1513 (texting is fine also)
 or Mike Smith 325-998-0296
 E-mail: mikesmith0623@yahoo.com

Hardships will only be accepted on July 24th or July 31st at the Cen-Tex club house from 9:00 a.m. -2:00 p.m.

*** A limited number of hardships will be accepted.***

website: www.centexsoccer.org

Comments: _____