



PO Box 2101, Casper, WY 82602
Phone: 307-473-2617

Register on line at www.cyslonline.com

RECREATIONAL SOCCER LEAGUE Fall 2008-Spring 2009

*****Registration Deadline July 25, 2008*****

Registrations received after July 30, 2008 will be put on a waiting list & placed on teams based on availability

- Girls League ___\$60 Fall 2008 ___\$60 Spring 2009 ___\$95 Annual Fall 08 Spring 09
available at age 7 and up
- Co-ed League ___\$60 Fall 2008 ___\$60 Spring 2009 ___\$95 Annual Fall 08 Spring 09
- Lil'Kickers ___\$60 Fall 2008 ___\$60 Spring 2009 ___\$95 Annual Fall 08 Spring 09
4 & 5 years old (age as of July 31, 2009)

Team t-shirts will be provided to the lil'kickers - ages 6 and up will need to purchase yellow/white reversible

Games will be Tuesdays & Thursdays evenings, & Saturdays mornings-Practices TBA by the coach

All of the Recreational Teams depend on Parent Volunteer Coaches

Please indicate one of the following: ___ Coach ___ Asst Coach ___ Team Parent

Birthdate _____ Age _____ M ___ F ___
 Last Name _____ First Name _____ MI ___
 Fathers Name _____ Mothers Name _____
 Address _____ City _____ Zip _____
 Phone _____ Wk# _____ Cell# _____
 email _____ School Attending _____

NO REQUEST FOR TEAMS. Teams are based on school/neighborhood. Please List **ONE**: Your school attending, school nearest your home or daycare provider. **ONCE TEAMS ARE FORMED THERE WILL BE NO CHANGES.** (There is no guarantee that the player will be with the same teammates as previous seasons)

List any known medical conditions or restrictions _____

Family Physician _____ Phone _____

Person to Notify in an Emergency _____ Phone _____

IMPORTANT - PLEASE READ CAREFULLY-I, the parent/guardian of the below-named player, a minor, agree that I and the player will abide by the rules and regulations of the Casper Soccer Club, its affiliated organizations and its sponsors (USYS Parties). In consideration of the player's participation in the soccer programs and activities of the CSC Parties (the Programs), I, for myself and the player and our respective heirs, administrators and successors, intending to be legally bound, hereby release and indemnify the CSC Parties, the owners and operators of the facilities used for the Programs, and their respective directors, officers, employees, agents and representatives from and against all claims, liabilities, damages or causes of action arising out of or in connection with the player's participation in the Programs including, without limitation, player's transportation to/from any Program, which transportation is hereby authorized. I further grant the CSC Parties the right to use the player's name, picture and/or likeness in printed, broadcast and other material concerning the Programs, provided such use is related to the player's status as a participant in the Programs.

******CONSENT FOR MEDICAL TREATMENT FOR A 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 and well being of my dependent.

Signature of Parent or Guardian _____

Print Name _____
Address _____
City _____ ST _____ Zip _____ Phone _____

OFFICE USE ONLY	
PYMNT	_____
DATE RCVD	_____
DIVISION	_____
TEAM	_____