

CLCF Use Only:

Sponsor	Volunteer	Shirt Size	Short Size	Fee	Paid	Check # Cash	Aprv.	Division

2008 SPRING CLCF SOCCER PLAYER APPLICATION

Mail to: CLCF Soccer, PO Box 8947, Cranston, RI 02920

Must be postmarked by February 8, 2008

First Name: _____ Last Name: _____

Gender: Male Female Date of Birth _____ Home Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

e-Mail: _____

Parent Guardian Name: _____

UNIFORM**DIVISION ASSIGNMENT****Check One for Shirt and One or Shorts)****(Check One)**

Shirt	Shorts (Not for Clinic)	<input type="checkbox"/> Clinic Born Between 8/1/00 and 7/31/03
<input type="checkbox"/> Youth Large	<input type="checkbox"/> Youth Large (28-30)	<input type="checkbox"/> Under 8 Born Between 8/1/99 and 7/31/01
<input type="checkbox"/> Adult Small	<input type="checkbox"/> Adult Small (34-36)	<input type="checkbox"/> Under 10 Born Between 8/1/97 and 7/31/99
<input type="checkbox"/> Adult Medium	<input type="checkbox"/> Adult Medium (38-40)	<input type="checkbox"/> Under 12 Born Between 8/1/95 and 7/31/97
<input type="checkbox"/> Adult Large	<input type="checkbox"/> Adult Large (42-44)	<input type="checkbox"/> Under 14 Born Between 8/1/93 and 7/31/95
<input type="checkbox"/> Adult XL	<input type="checkbox"/> Adult XL (46-48)	(Depending on the number of applicants, U14 may be Co-ed)

SPONSOR INFORMATION (\$250 per team)

Sponsor Name: _____

Name on shirt: _____

Contact name: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: _____ Business Telephone: _____

e-mail Address: _____

VOLUNTEER INFORMATION (If volunteering to coach also complete coach application)

Name: _____ Telephone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

e-Mail Address: _____

- | | | |
|--|---|---|
| <input type="checkbox"/> Head Coach | <input type="checkbox"/> Assistant Coach | <input type="checkbox"/> Field Rep |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Field Set Up | <input type="checkbox"/> Pizza Party |
| <input type="checkbox"/> Trophies/T-Shirts | <input type="checkbox"/> Cranston Herald Game Reporting | <input type="checkbox"/> Not sure but willing to help |

PAYMENT INFORMATION**\$50 for Clinic; \$80 for U8 through U14*—Checks payable to CLCF Soccer*****\$80 each for 1st & 2nd player; \$50 for each additional player (after 2) in same immediate family.****Refund deadline is March 14, 2008. No refunds after this date for any reason other than medical (Must have physicians note on physicians letterhead). Registrations postmarked by February 8th will be guaranteed a spot if there are enough coaches. Late registrations may be placed on waiting list.**

Complete reverse side

MEDICAL ATTENTION

List any known medical problems such as asthma, allergies, allergies to medication, diabetes, etc. or state n/a if applicable:

LEAGUE RULES

I realize that my child has an obligation to his/her CLCF Soccer team. This includes participation in practice and games and other related obligations until the completion of the soccer season. The failure to honor these obligations (except for reason of illness, academic need or family hardship) may result in his/her being denied-team and individual certificates and or trophies. It may also result in his/her being denied participation in CLCF soccer programs in the future. I will be responsible for payment of all registration fees and all uniforms or equipment.

All participants must play in division designated by league. The league cannot honor any request for players to be placed on certain teams for coaching, practice time/location or any other reason, other than to keep siblings in same division, to allow a child to play on a coach/parents team or to allow a child to play on a sponsor/parents team.

I, the parent/guardian of the applicant, a minor, agree that the applicant will abide by the rules of the USYSA, CLCF Soccer, its affiliated organizations and sponsors.

RELEASE OF YOUTH INFORMATION (IMPORTANT)

Soccer Rhode Island (SRI) holds the liability/medical insurance for CLCF Soccer. As required by SRI, CLCF Soccer must enter all information pertaining to a player's registration into the SRI internet-based soccer registration system in order to be covered by the liability/medical insurance. CLCF, CLCF Soccer and any CLCF coach and/or CLCF volunteer is not responsible for the use and safeguarding of this information by Soccer Rhode Island and Youth Leagues USA.

LIABILITY WAIVER

Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs and activities (the "Programs"), I hereby release, discharge and/or otherwise indemnify the USYSA, CLCF Soccer, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the Programs, (collectively, the "Released Parties"), against any claim by or on behalf of the registrant and/or being transported to or from the same, which transportation I hereby authorize. I understand that participation in soccer involves the risk of serious injury, including permanent disability or death, and severe social and economic losses that might result not only from the participant's actions but the action or inaction of others, including the "Released Parties."

In accordance with section 7-6-9 of the general laws of Rhode Island entitled "Exemption from Liability", I agree to hold CLCF, CLCF Soccer, and Soccer Rhode Island harmless and not liable for any illness, injury, or accident which occurs during participation in the program or when traveling to or from practices or games or related activities. I further release, relinquish, and waive any and all claims that I, he/she, or we may have for any accident, injury or illness which occurs as a result of participation in the CLCF Soccer and Soccer Rhode Island programs.

(Must sign)

Parent/Guardian _____ Date: _____