

Cinnaminson Soccer Club 2019 Registration Form

PLAYER'S NAI	ME:	
ADDRESS:		
DATE OF BIRT	H: GENDER: () M	ale() Female
HOME PHONE	: () CELL PHO	ONE: ()
EMAIL ADDRE	SS (Please print clearly):	
PARENT/GUAR	RDIAN NAME:	
PARENT/GUAF	RDIAN PHONE: ()	
I will assist th	ne Cinnaminson Soccer Club by (<i>you m</i> o	ust pick at least one)
() Coach ()	Assistant coach () Assist with Field Duti	es () Unable
IN-TOWN PRO	GRAM Rirth Dato	Fee
() U5 () U6-U7	Birth Date Cinni-Mini Born between 1/1/15 through 12/31/ Juniors Born between 1/1/13 through 12/31/	\$90.00 14 \$110.00
FRIENDSHIP P		
() U9 & U10 () U11 & U12	Born between 1/1/12 through 12/31/12 Born between 1/1/10 through 12/31/11 Born between 1/1/08 through 12/31/09 Born between 1/1/06 through 12/31/07	\$135.00 \$135.00 \$135.00
TRAVEL PROG		
Age Group () U8 () U9 () U10 () U11 () U12 () U13 () U14 () U15 () U16 () U17 () U18	Born between 1/1/12 through 12/31/12 Born between 1/1/11 through 12/31/11	Fee \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00 \$225.00



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ELIGIBILITY

The Cinnaminson Soccer Club is available for **residents of Cinnaminson only**. If it is determined that you do not reside in Cinnaminson Township, your child may be asked to leave our program. Children cannot be registered in a South Jersey Travel program or be registered in a travel program out of the state of South Jersey and play in the Cinnaminson in-town program.

MEDICAL RELEASE

I release and hold harmless the Cinnaminson Soccer Club, the owners and operators of the facilities used for the soccer programs and their respective directors, officers, employees, agents and representatives from any and all liability to me or my child as a result of any Cinnaminson soccer function/practice/game/transportation.

Furthermore, my child is physically fit, except as noted below to participate in any and all soccer tryout activities. I hereby authorize the Cinnaminson Soccer Club to act for me in a medical emergency in the event I cannot be immediately contacted. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent.

CODE OF CONDUCT

I have read and agree to the terms of the CSC Code of Conduct for Parents, and the registrant has been apprised of and understands the terms of the CSC Code of Conduct for Parents. The Codes of Conduct for Parents and Players can be found at www.cinnaminsonsoccer.com.

Parent/Guardian Signature:
Fee (From Above):
PLEASE MAKE CHECKS PAYABLE TO:
CINNAMINSON SOCCER CLUB