

**CARROLL COUNTY SOCCER ASSOCIATION
PLAYER APPLICATION
YEAR 202_____ Fall _____ Spring _____**

Child's Full Name: _____

Address: _____ City: _____

Present Age: _____ Date of Birth: _____ Sex: F _____ M _____

Phone Number: () _____ Team Last Fall _____ Spring _____

Years played soccer: _____ Type of Insurance: _____

Parent/Guardian's Full Name: _____

E-mail address: _____ Are you willing to help coach? _____

List any allergies & medical conditions coaches should be aware of (diabetes, asthma, etc

Person to notify in case of emergency (**other than parent**)

Name _____ Phone Number _____

If parent or guardian cannot be reached and/or such an emergency takes place that immediate medical action must be taken, I give permission for my child to be treated medically at a hospital or by a physician. I release CCSA and its agents from all actions, causes of actions, damages, claims or demands for all personal injuries known or unknown to my child. I assume all risks & hazards incidental to my child's participation.

I understand I am responsible for any equipment or uniforms issued and I will return these after the season has been completed. The cost of replacement of any damaged or unreturned equipment will be the responsibility of the parent.

Also, parents agree not to use obscene language or make derogatory remarks toward officials, coaches, or players during or after games or practices. Parents may be removed from the field with whatever means necessary and may also be restricted from all the games for the rest of the season. Please practice good Sportsmanship.

Parent's signature _____ Date _____

Please read 2nd page.

All players are expected to wear the proper equipment at all practices and games of the association. Equipment will consist of shin guards, shorts or pants, shirts, socks which should cover shin guards, and proper shoes. Tennis shoes may be worn but only soccer style shoes will be allowed. (No football or baseball shoes.)

The Carroll County Soccer Association is an independent organization and has no relationship with Carroll County Department of Recreation. We are an organization wishing to promote soccer as a sport in Carroll County. We are a Co-ed organization (both girls & boys). Age set as of January 1st. Age 3 & 4 may play as long as one parent is present at all games & practices.

The organization is not responsible for injuries. **Players play at their own risk.** Insurance information should be provided on other side of this form. In the case of an injury the player must notify the team coach of injury before leaving the playing field. **REPORT ALL INJURIES!** The coach must notify the league coordinator within twenty-four hours of the injury.

Pictures of your child may be posted on the CCSA web site unless you opt out by informing your coach before the first game. No names will be listed with pictures.

Do you want to play on the same team or same coach as last year? _____

School Attending _____

NO REFUNDS!



Any player may play up one age bracket with the approval of their parents, coach, **and the League Coordinator** by signing the following:

My child has my permission to play one age bracket up in the Carroll County Soccer Association.

Date _____ Signed _____

Approved _____ Disapproved _____ Coach Signature _____

Approved _____ Disapproved _____ League Coordinator _____



Player Fee \$30.00 **Late Fee \$5.00** Paid by: Cash _____ Check Number _____

Received by: _____ Date _____

******NO CHILD MAY PLAY OR PRACTICE UNTIL THE ASSOCIATION RECEIVES THEIR FEE******