

CENTRAL COSMOS SOCCER ASSOCIATION

Registration Form

Player's Last Name: _____ First Name: _____ M.I.: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Birth Date: _____ Gender: _____ Age: _____ Grade in School: _____
 Father's Name: _____ Home/Cell #: _____
 Mother's Name: _____ Home/Cell #: _____
 Primary E-Mail: _____ Ever played soccer before? Y or N
 Names and ages of siblings playing soccer _____
 Please list relevant medical problems: _____

VOLUNTEERS: Parents, we need your help to make this league a success. We are asking you to volunteer in any way you find possible.

_____ **Coach** _____ **Asst. Coach** _____ **Sponsor** _____ **Other**

Registration Fees: \$40 per child, plus a family participation fee of \$25.

Participation fee will be refunded after volunteering (ex. 1 hour shift in concession stand)

Family Cap--\$95 in Registration Fees

Late Registration Fees--\$15

Please circle uniform size:

JERSEY SIZE: YOUTH: S (6-8) M (8-10) L (12-14) ADULT: S M L XL

SHORT SIZE: YOUTH: S (6-8) M (8-10) L (12-14) ADULT: S M L XL

Central Cosmos' season will run from March 28th thru May 21st.
 First game will be Saturday, April 9th. No games on Easter weekend (April 23rd).
Travel will be limited this year.

****Registrations must be postmarked by **Monday, February 7th****
With all **required information included.**

**Registrations can be mailed to: *Andra Adams 221 Park St. Chebanse, IL 60922.*
 Any questions?? centralsoccer09@ymail.com or *Andra Adams (815) 383 5669.*

REQUIRED INFORMATION

***Completed Registration Form _____**

***Insurance Waiver _____**

***Copy of Insurance Card _____**

***Copy of Birth Certificate _____**

NEW PLAYERS ONLY!!!

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*******All Fees Paid*******