

**CORNING UNITED SOCCER CLUB  
REGISTRATION FORM 2007-2008 SEASON**



Select ONE or BOTH:

- **Winter Indoor League:** *Sundays only from December 2 – March 17*  
Registration Fee: (U10 – U19) **\$50.00** includes uniform T-shirt (October 15 – March 17)
  
- **Spring Travel League:** *from early April to the end of June*  
Registration Fee: (U10 - U12) **\$55.00 Early Bird Special (October 15 – January 31)**  
**\$70.00** Regular Registration Fee (after January 31, if space is available)
  
- Registration Fee: (U14 – U19) **\$90.00 Early Bird Special (October 15 – January 31)**  
**\$115.00** Regular Registration Fee (after January 31, if space is available)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ M/F: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
School: \_\_\_\_\_ Prior Season: \_\_\_\_\_ Last League/Team: \_\_\_\_\_

**Emergency Contact** (if we are unable to reach parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List any medical conditions player may have: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Consent For Medical Treatment (minor)**

As the parent of 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, or well being of my dependent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Acceptance of League Rules and Waiver of Liability**

I, the parent or guardian of the registrant, a minor, agrees that I will abide by all the rules of the USYSA, its affiliated Organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the USYSA accepting the registrant for its soccer programs, I hereby release, discharge, and/or otherwise indemnify the USYSA, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized for the programs, against any claim by or on behalf of the registrant as a result of the registrant's participation in the programs and/or being transported to and from the same, which transportation I hereby authorize.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Uniform (circle) for new players, or if ordering a replacement \$80.00**

Jersey size: Youth sizes - YS, YM, YL, YXL      Adult sizes – AS, AM, AL, AXL  
Shorts size: Youth sizes – YS, YM, YL, YXL      Adult sizes – AS, AM, AL, AXL

**Make checks payable to: CUSC.** Send completed registration form and payment, along with a copy of birth certificate (required only if you are a NEW player) to: CUSC, P.O. Box 136, Painted Post, NY 14870

For more information, or to register online, please visit: [CorningUnited.com](http://CorningUnited.com)