

CORNING UNITED SOCCER CLUB

REGISTRATION FORM – 2008 SUMMER SESSION



Please check one:

☐ **Summer Session:** *Thursday evenings starting July 17th and ending August 21st (6:30 – 8:00 PM)*
Registration Fee: \$10.00 (for ages 9 - 12 with travel soccer experience)

☐ **Summer Session:** *Friday evenings starting July 18th and ending August 22nd (6:30 – 8:00 PM)*
Registration Fee: \$10.00 (for ages 7-9 with no travel soccer experience)

Last Name: _____ First Name: _____ MI: _____

Address: _____ City: _____ State: _____ Zip: _____

Email: _____ Date of Birth: _____ M/F: _____

Parent/Guardian Name: _____ Home Phone: _____ Cell Phone: _____

School: _____ Travel Soccer Experience? (circle one) YES NO

Emergency Contact Name: _____ Relationship: _____ Phone: _____
(in case we are unable to reach parent/guardian)

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: _____

Make checks payable to: "CUSC"

If registering by mail, please send to CUSC, P.O. Box 136, Painted Post, NY 14870.

For more information, or to register online, please visit: CorningUnited.com