



Coulee Region MN Soccer Club (CRM)

2011 Summer Registration Form

Make check payable to CRM

Complete and return to: CRM, PO Box 20, La Crescent, MN 55947

Only \$50 of the \$290 is needed to reserve your roster spot. We take players on a first come, first serve basis...no tryouts. Remaining balance needs to be paid by March 1st, 2011. Scholarships and payment arrangements are available.

PLEASE PRINT CLEARLY			
PLAYER'S FIRST NAME _____	M.I. _____	LAST NAME _____	
ADDRESS _____	CITY/STATE/ZIP _____		
HOME TELEPHONE NUMBER _____	BIRTH DATE _____	GENDER _____	
FATHER INFORMATION		MOTHER INFORMATION	
NAME: _____		NAME: _____	
BUSINESS PHONE: _____		BUSINESS PHONE: _____	
CELL PHONE: _____		CELL PHONE: _____	
PRIMARY E-MAIL _____		SECONDARY E-MAIL: _____	
<p>Photography consent form: As the parent or legal guardian of the above named player hereby grant permission to La Crescent Youth Soccer/CRM, to take and use: photographs and/or digital images of my child for use in news releases and/or educational materials. These materials might include printed or electronic publications, web sites or other electronic communications. I further agree that my child's name and identity may be revealed in descriptive text or commentary in connection with the image(s). I authorize the use of these images without compensation to me.</p>			
Signature of Parent/Guardian _____		Date _____	
<p>PLAYER/PARENT SUPPORT: We ask for active participation in our program. Please circle area(s) in which you can help:</p>			
Team Parent Rep	Fundraising	Field Preparation	Equipment
		Apparel	Board Member

T-SHIRT SIZE (CIRCLE ONE)				
YOUTH	S	M	L	XL
ADULT	S	M	L	XL

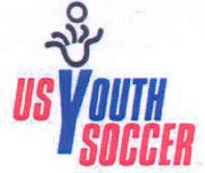
For League Use ONLY			
		_____ of _____ forms	
Registration Fee paid:	\$ _____	\$290 by 3/1/11 (\$50 needed to reserve roster spot)	
+ Late Registration Fee	\$ _____	\$20 if paid after 3/1/11	Cash Amt _____
+ Other Paid or Apparel	\$ _____	Check #:	Check Amt _____
= Total Due	\$ _____		Total Rec'd _____

Registration deadline is May 1, 2011

Please Complete Medical Release form!



MINNESOTA YOUTH SOCCER ASSOCIATION INC.
www.mnyouthsoccer.org



LIABILITY/MEDICAL RELEASE

Player's Name: Date of Birth:
Address: City: ST: Zip:

EMERGENCY INFORMATION

Parent/Guardian Name: Home Ph: Work Ph:
Allergies:
Other Medical Conditions:
Medical Insurance Company: Phone:
Policy Holder: Policy Number:
Player's Physician: Phone:

In an emergency, when parent/guardian cannot be reached, please contact:

Name: Home Ph: Work Ph:
Name: Home Ph: Work Ph:

PLAYER OR PARENT/GUARDIAN AGREEMENT

I, as the adult-age player or the parent/guardian of the registered, minor player, agree to abide by the rules of the Minnesota Youth Soccer Association (MYSA), US Youth Soccer and its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer and in consideration for the MYSA and US Youth Soccer accepting the player for its soccer programs and activities, I hereby release, discharge and/or otherwise indemnify the MYSA, US Youth Soccer and its affiliated organizations and sponsors, their employees and associated personnel, including the owners of 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 program and/or being transported to or from the same, which transportation I hereby authorize.

Adult Player or Parent/Legal Guardian of Minor Player (Print):
Date: Signature:

CONSENT FOR MEDICAL TREATMENT

As the adult player or parent/legal guardian of a minor participant in MYSA/US Youth Soccer programs, I hereby give my 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 the life, limb or well-being of the player.

Date: Signature: