



Coulee Region MN Soccer Club (CRM)

2012 Summer Registration Form for NEW Players

Only \$50 of the \$290 is needed to reserve your roster spot. We take players on a first come, first serve basis after December 1st, 2011...no tryouts. Remaining balance needs to be paid by March 1st, 2012 (\$20 late fee added after this date). Scholarships and payment arrangements are available. Full refund granted before March 1st, 2012 if requested in writing.

- Completed Registration Packet**
1. Registration Form
 2. Medical Release Form
 3. Picture of player for player card
 4. Payment
 5. Copy of Birth Certificate

Player Name:		Date of Birth:	
Address:		Home Phone:	
City/St/Zip:		Cell Phone:	
T-shirt size (circle one):	YS YM YL YXL AS AM AL AXL	Gender:	
Comments/Requests (will try our best but not guaranteed)			
Primary Family Email:			
Secondary Family Email:			
Father Name:		Mother Name:	
Father Work Phone:		Mother Work Phone:	
Father Cell Phone:		Mother Cell Phone:	

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.

Signature of Parent/Guardian _____ **Date** _____

PLAYER/PARENT SUPPORT: We ask for active participation in our program. Please circle area(s) in which you can help:

Team Parent Rep
 Fundraising
 Field Preparation
 Equipment
 Apparel
 Board Member

For League Use ONLY		_____ of _____ forms
Registration Fee paid:	\$ _____	\$290 by 3/1/12 (\$50 needed to reserve roster spot)
+ Late Registration Fee	\$ _____	\$20 if paid after 3/1/12 Cash Amt _____
+ Other Paid or Apparel	\$ _____	Check Amt _____
= Total Due	\$ _____	Check #: _____ Total Rec'd _____

Registration deadline is May 1, 2012

Mail completed registration packet to: CRM, PO Box 20, La Crescent, MN 55947

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: _____
 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: _____