



# Coulee Region MN Soccer Club (CRM)

## 2012 Summer Registration Form for Returning Players

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

**Only \$50 of the \$290 is needed to reserve your roster spot for the 2012 season by December 1<sup>st</sup>, 2011** (your roster spot will be released after this date). Remaining balance needs to be paid by March 1<sup>st</sup>, 2012 (\$20 late fee after this date). Scholarships and payment arrangements are available. Full refund granted before March 1<sup>st</sup>, 2012 if requested in writing.

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

**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

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

**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](http://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: \_\_\_\_\_