



**2011/2012 CSA/Impact REGISTRATION FORM**  
**MAIL ALONG WITH \$85.00 CHECK TO: CSA-Impact,**  
**30799 Pinetree Road, PO BOX 231, Cleveland, OH 44124**

**ACADEMY USE:** Date \_\_\_\_\_ Check # \_\_\_\_\_ Amount \$ \_\_\_\_\_ Division \_\_\_\_\_

REGISTRATION FEE: \$85.00-per child PAYMENT DUE AT OR PRIOR TO TRYOUTS

**CHILD INFORMATION**

Child's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI \_\_\_\_\_

Boy ( ) Girl ( ) Date of birth \_\_\_/\_\_\_/\_\_\_ Age as of 8/1/11 \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's e-mail \_\_\_\_\_

**PARENT/GUARDIAN INFORMATION:**

Father's name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Person to notify in emergency: \_\_\_\_\_ Phone: \_\_\_\_\_

Doctor to notify in case of emergency: \_\_\_\_\_ Phone # : (\_\_\_\_) \_\_\_\_\_

Known medical problems which could affect player: \_\_\_\_\_

**IMPORTANT: THE FOLLOWING MUST BE READ & SIGNED BY PARENT AND CHILD**

1. I, parent/legal guardian of the registrant, a minor, agree that I and the registrant will abide by the rules of the Cleveland Soccer Academy (CSA), and the USSF, its affiliated organizations and sponsors. Recognizing the possibility of physical injury associated with soccer I hereby release, discharge and/or otherwise indemnify CSA and the USSF, its affiliated organizations and sponsors, their employees and associated personnel, including the owners of the fields and facilities utilized by CSA, against claim by or on behalf of the registrant as a result of the registrants participation in CSA and/or being transported to or from same, which transportation I hereby authorize.

2. As parent/legal guardian of the above named player, I hereby give consent for emergency medical care as prescribed by a duly licensed doctor of medicine or a doctor of dentistry. This care may be given under whatever conditions are necessary to preserve life, limb or well-being of my dependent (the registrant).

3. I hereby consent for the photograph or likeness of my child/ward to be taken and used without compensation to my child/ward or to me. I understand the picture and any other information provided to the Academy will not be sold for any purpose, and may be used to publicize a CSA event or any activities of the Cleveland Soccer Academy. I am aware that it may be used in a brochure, newspaper, be placed on the Internet and/or on the CSA website, or may be placed in the CSA Newsletter."

\_\_\_\_\_  
Parent/Legal Guardian Date

\_\_\_\_\_  
Child Date